Fill in this information to identify your case:	
United States Bankruptcy Court for the: Middle District of Florida	
Case number (#known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

FILED ORLANDO DIVISION

2019 NOV 14 AM 11: 39

U.S. BANKRUPTCY COURT MIDDLE DIST OF FLORIDA

☐ Check if this is an amended filing

Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your	KIMBERLY	
	government-issued picture identification (for example, your driver's license or	First name ALLEYNE	First name
	passport).	Middle name HALE	Middle name
	Bring your picture identification to your meeting	Last name	Lastiname
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you	NONE	
	have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of	0 1 0 3	xxx - xx
	your Social Security number or federal	xxx - xx - 9 1 0 3	OR
	Individual Taxpayer	9 xx - xx	9 xx - xx
! 	Identification number (ITIN)	J.M M	* NO

# Case 6:19-bk-07491-KSJ Doc 1 Filed 11/14/19 Page 2 of 60

De	btor 1 KIMBERLY A	ALLEYNE HALE	Case number id knownj	-
	i (3) MSMTE — KILLINE PAR	me i.ast ivame		
<u></u>	<del>uda sa Makada da</del> La Millar - Ha <b>ra</b> ndar, da Marandar, da Marandar - Angresa - Esta da Esta da Carandar - Angresa - Esta da Carandar - Esta da Caranda	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
4,	Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any business nam	es or EINs.	
	the last 8 years	Business name	Business name	
	Include trade names and doing business as names	Business name	Business name	
		EIN	EIN	
		ĒIN	Ein	
5.	Where you live		If Debtor 2 lives at a different address:	
		5286 LIGHTHOUSE ROAD		_
		Number Street	Number Street	
		ORLANDO F	_ 32808 ste ZIP Code City State ZIP Code	-
		County Je Court	County	
		If your mailing address is different above, fill it in here. Note that the co any notices to you at this mailing add	urt will send yours, fill it in here. Note that the court will send	
		Number Street	Number Street	-
		P.O. Box	P.O. Box	
		City St	te ZIP Code City State ZIP Code	-
	Mhuun an thonoise	Check one:	Check one:	
ь.	Why you are choosing this district to file for bankruptcy	Over the last 180 days before filin I have lived in this district longer to other district.	this petition.	
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	
				-
				-

Det	Nor 1 KIMBERLY /	ALLEYNE	HALE Last Name		Case number (#km	own)
	_					
₽a	Tell the Court Abou	ut Your Ba	ankruptcy Case	·	_	
7.	The chapter of the Bankruptcy Code you	Check on for Bankr	ne. (For a brief des ruptcy (Form 2010)	cription of each, see <i>Notic</i> )). Also, go to the top of pa	e Required by 11 ge 1 and check th	U.S.C. § 342(b) for Individuals Filing e appropriale box.
	are choosing to file	Chap	oter 7			
	under	☐ Chap	oter 11			
		☐ Chap	oter 12			
		☐ Chap	oter 13			
		r				
₿.	How you will pay the fee	local yours subn with	court for more d self, you may pa nitting your paym a pre-printed add	letails about how you m y with cash, cashier's c nent on your behalf, you dress.	ay pay. Typicall heck, or money ir attorney may j	eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check
		l nee	d to pay the fee	in installments. If you	ı choose this op Foe in Installme	ition, sign and attach the nts (Official Form 103A).
		By la less pay t	iw, a judge may, than 150% of the the fee in installn	but is not required to, ve e official poverty line that	vaive your fee, a at applies to you is option, you m	ion only if you are filing for Chapler 7. and may do so only if your income is r family size and you are unable to ust fill out the Application to Have the with your petition.
9.	Have you filed for	<b>☑</b> No				
	bankruptcy within the last 8 years?	🗀 Yes.	District	When		Case number
	,,		District	When		
			District	valien		Case number
			District	When	MM / DD / YYYY	Case number
					WINT DESTRICT	
10.	. Are any bankruptcy	Z No				
	cases pending or being		Debtor			Relationship to you
	filed by a spouse who is not filing this case with you, or by a business partner, or by an					Case number, if known
	affiliate?		Onhior			Relationship to you
						Case number, if known
					MM / DD / YYYY	
	. · <del></del>					
11.	Do you rent your residence?	☑ No. ☐ Yes.	Go to line 12. Has your landlore	d obtained an eviction judç	ıment against you	?
			☐ No. Go to line		· - ·	
			Yes. Fill out I		Eviction Judgmen	t Against You (Form 101A) and file it as

Deblor 1	KIMBERLY	ALLEYNE	HALE	Case number (if known)
	First Name Middle Nai	ne Las	Na~e	
Part 3:	Report About Any I	Ausinassas '	You Own se a S	iolo Prondotor
rait v.	Report About Any		100 0 0 11 23 2 0	ole Fluphetol
•	u a sole proprietor	🛭 No. Go to	Part 4.	
of any busin	full- or part-time ess?	Yes. Nan	ne and location of b	business
	proprietorship is a			
individu	ss you operate as an lal, and is not a	Nam	e of business, if any	· · · · · · · · · · · · · · · · · · ·
a corpo	te legal entity such as ration, partnership, or	Num	ber Street	
LLC. If you h	ave more than one	Null	Die Sileet	
sole pro	oprietorship, use a le sheet and attach it			
to this		 Cit		State ZIP Code
		Che	ck the appropriate	box to describe your business:
				ess (as defined in 11 U.S.C. § 101(27A))
		_	-	Estate (as defined in 11 U.S.C. § 101(51B))
				fined in 11 U.S.C. § 101(53A))
		_	•	(as defined in 11 U.S.C. § 101(6))
		u	None of the above	
Chapt Bankr are yo debtor For a di busines	efinition of small as debtor, see	can set appromost recent any of these	opriate deadlines. I balance sheet, stati documents do not i not filing under Ch	If the court must know whether you are a small business debtor so that if If you indicate that you are a small business debtor, you must attach your tement of operations, cash-flow statement, and federal income tax return or if exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  The procedure in 11 U.S.C. is a small business debtor according to the definition in
11 U.S.	C. § 101(51D).		Bankruptcy Code.	
			i filing under Chapte kruptcy Code.	ter 11 and I am a small business debtor according to the definition in the
Part 4:	Bonort if You Own	or Have Anua	Havedone Bro	perty or Any Property That Needs Immediate Attention
Part 4.	Report ii Tou Owiii	- Have Ally	mazaiuvuş Fioj	perty of Ally Property That Needs Infinediate Attention
14. Do you	own or have any	Z No		
allege of imm identif	ty that poses or is if to pose a threat ninent and iable hazard to	☐ Yes. Wi	nat is the hazard?	
Or do	health or safety? you own any ty that needs liate attention?	lf ir	nmediate attention	is needed, why is it needed?
perishal that mu	mple, do you own ble goods, or livestock st be fed. or a building ds urgent repairs?			
		1W	nere is the property	Number Street
				City State ZIP Code

Debtor 1 KIMBERLY ALLEYNE HALE Case number (d known) \_\_\_\_\_\_\_\_

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Debtor	1
-------	--------	---

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan if any

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day doadline is granted only for cause and is limited to a maximum of 15 days.

l am not required	to receive a	briefing about
credit counseling	because of	:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

through the internet, aven after I

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

reasonably tried to do so.

Active duty. 1 am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

#### I am not required to receive a briefing about credit counseling because of:

☐ Incapacify. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even atter I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefling about credit counseling, you must file a motion for waiver of credit counseling with the court.

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De	btor 1 KIMBERLY /	ALLEYNE	HALE	Case nu	mber (#koown)	
	112(12)					
P	art 6: Answer These Ques	itions for Repor	ting Purposes			
		16a. Are your d	ebts primarily co	nsumer debts? Consc	ımer debts are	defined in 11 U.S.C. § 101(8)
16.	What kind of debts do you have?	as "incurred I	by an individual prima	arily for a personal, family	y, or household	I purpose."
		☐ No. Go to ☑ Yes. Go t				
				siness debts? Busine nt or through the operati		ebts that you incurred to obtain ess or investment.
		☐ No. Go to ☐ Yes. Go t				
		16c. State the typ	e of debts you owe th	nat are not consumer det	ots or business	debts.
17.	Are you filing under Chapter 7?	☐ No. Tam not	filing under Chapter 7	'. Go to line 18.		
	Do you estimate that after	Yes. I am filing	under Chapter 7. Do	you estimate that after aid that funds will be ava	any exempt pro alable to distrib	operty is excluded and oute to unsecured creditors?
	any exempt property is excluded and	☑ No				
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?	☐ Yes				
18.	How many creditors do	<b>2</b> 1-49		1,000-5,000		<b>2</b> 5,001-50,000
	you estimate that you owe?	□ 50-99 □ 100-199		<b>3</b> 5,001-10,000 <b>3</b> 10,001-25,000		☐ 50,001-100,000 ☐ More than 100,000
		200-999				
19.	How much do you estimate your assets to	\$0-\$50,000		\$1,000,001-\$10 million		□ \$500,000,001-\$1 billion
	be worth?	\$50,001-\$100 \$100,001-\$50		] \$10,000,001-\$50 millic ] \$50,000,001-\$100 mill		☐ \$1,000,000,001-\$10 billion ☐ \$10,000,000,001-\$50 billion
		□ \$500,001-\$1 г	nillion	\$100,000,001-\$500 m	llion	More than \$50 billion
20.	How much do you estimate your liabilities	\$0-\$50,000 \$50,001-\$100	_	<b>1</b> \$1,000,001-\$10 million <b>1</b> \$10,000,001-\$50 millio		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion
	to be?	\$100,001-\$50	0,000	<b>35</b> 0,000,001-\$100 mill	ion	☐ \$10,000,000,001-\$50 billion
D.	art 7: Sign Below	□ \$500,001-\$1 r	nillion	<b>3</b> \$100,000,001-\$500 mi	llion	More than \$50 billion
	or you	I have examined togreet.	his petition, and I dec	clare under penalty of pe	rjury that the in	formation provided is true and
		If I have chosen to of title 11, United under Chapter 7.	o file under Chapter 7 States Code, I under	, I am aware that I may stand the relief available	proceed, if eligi under each ch	ble, under Chapter 7, 11,12, or 13 apter, and I choose to proceed
				not pay or agree to pay s id the notice required by		s not an attorney to help me fill out I2(b).
		·		·		specified in this petition.
		with a bankruptcy	ing a false statement, case can result in fin , 1341, 1519, and 357	es up to \$250,000, or in	obtaining moni prisonment for	ey or property by fraud in connection up to 20 years, or both.
		Signature of D	Hall all	×	Signature of D	lebtor 2
		Executed on [			Executed on	MM / OD /YYYY

Debtor 1 KIMBERLY AL	LEYNE HALE	Case number (d known)	
			# N
For you if you are filing this bankruptcy without an attorney	should understand that many peo	, to represent yourself in bankruptcy of ple find it extremely difficult to rep e bankruptcy has long-term financi irged to hire a qualified attorney.	resent
If you are represented by an attorney, you do not need to file this page.	technical, and a mistake or inaction madismissed because you did not file and hearing, or cooperate with the court, or firm if your case is selected for audit. It	le and handle your bankruptoy case. They affect your rights. For example, your equired document, pay a fee on time, at ase trustee, U.S. trustee, bankruptcy and fithat happens, you could lose your right uding the benefit of the automatic stay.	case may be tend a meeting or Iministrator, or audit
	court. Even if you plan to pay a particular in your schedules. If you do not list a configuration of property or property claim it as exemple also deny you a discharge of all your case, such as destroying or hiding procases are randomly audited to determ	its in the schedules that you are require ilar debt outside of your bankruptcy, you lebt, the debt may not be discharged. If t, you may not be able to keep the proper debts if you do something dishonest in y perty, falsifying records, or lying. Individ- ine if debtors have been accurate, truth to; you could be fined and imprisoned	i must list that debt you do not list erty. The judge can our bankruptcy lual bankruptcy ful, and complete.
	hired an attorney. The court will not tre successful, you must be familiar with t	r, the court expects you to follow the rule out you differently because you are filing the United States Bankruptcy Code, the ules of the court in which your case is fil two that apply.	) for yourself. To be Federal Rules of
	Are you aware that filing for bankrupto consequences?	y is a serious action with long-term final	ncial and legal
	inaccurate or incomplete, you could be	s a serious crime and that if your bankru e fined or imprisoned?	uptcy forms are
	Yes		
	☑ No ☐ Yes Name of Person	who is not an attorney to help you fill or parer's Notice, Declaration, and Signature	
	have read and understood this notice,	understand the risks involved in filing wi and I am aware that filing a bankruptcy hts or property if I do not properly handI	case without an
	* DA Har	X	
	Signature of Debtor 1  Date	Signature of Debtor 2  Date	BB 12000/
	MM / DD / YYYY  Contact phone 954-608-6717	MM /	DD / YYYY

Long transfer of the D

Cell phone

Fmail address

Cell phone

Email address

F	ill in this in	formation to identify	our case:				
	Deblor 1	KIMBERLY	ALLEYNE Middle Name	HALE Last Name			
	Debtor 2	First Name	Middle Name	Last Name			
1	Spouse if filing)		Middle Name	Last Name			
۱ ا	Inited States I	Bankruptcy Court for the.	Middle District of Flori	da		□ chay	k if this is an
(	Case number	(If known)					nded filing
S Be	ummai as comple	te and accurate as po	sets and Lia ssible. If two married dules first; then con	d people are filing tog uplete the information	Certain Statistical Info ether, both are equally responsible for n on this form. If you are filling amended no top of this page.	supplying con	12/15 ect er you file
P	art 1: Su	ımmarize Your Ass	ets	<u></u>			
						Your assets Value of wha	t you own
1.		WB: Property (Official F				s	0.00
	1a. Copy li	ne 55. Total real estate	from Schedule A/B			,	<del></del>
	16 Copy li	ne 62, Total personal pi	operty, from Schedul	e A/B		. \$	
	1c. Copy li	ne 63, Total of all prope	rty on <i>Schedule A/</i> B .			. \$	
P	art 2: St	ummarize Your Liat	oilities				
						<b>Your liabili</b> A <b>mount yo</b> u	
2.		D: <i>Creditors Who Have</i> he total you listed in Co			06D) e last page of Part 1 of <i>Schedule D</i>	. \$	0.00
3.		E/F: Creditors Who Hav				\$	0.00
	3a. Copy ti	he total claims from Par	t 1 (priority unsecured	d claims) from line 6e of	Schedule E/F		<u> </u>
	3b Copy ti	he total claims from Par	l 2 (nonpriority unsec	ured claims) from line 6	j of Schedule E/F	+ s	18,000.00
					Your total liabilities	\$	00.000,81
P	art 3: Si	ummārize Your Inc	ome and Expense	s			
	Schedule	l: Your Income (Official	Form 106I)				
<b>. 4</b> .				chedule I		\$	0.00
5	Schedule :	J: Your Expenses (Offic	ial Form 106J)				4 020 00
•				9 J		<b>\$</b>	1,038.00

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Deb	otor 1	KIMBERLY	ALLEYNE Last Name	HALE	Case number (+known)
		First Name Middle N	(Bulle Fazi Mellie		
Pa	ırt 4:	Answer These Qu	estions for Adminia	trative and Statistic	tical Records
_		- tili for beatrupte	y under Chapters 7, 1	or 132	
ъ.	_	<del>-</del>			and submit this form to the court with your other schedules.
	V Ye		eport on this part of the	IOMI. CHECK THIS DOX BIN	and submit this facilities are seen with your enter see seen.
			_		
7.		kind of debt do you ha			
	Yo fan	our debts are primarily mily, or household purp	r consumer debts. Con ose." 11 U.S.C. § 101(8)	sumer debts are those " ). Fill out lines 8-9g for st	elincurred by an individual primarily for a personal, statistical purposes. 28 U.S.C. § 159.
		our debts are not prim s form to the court with		You have nothing to rep	eport on this part of the form. Check this box and submit
8.	From	the Statement of Your	r Current Monthly Inco orm 122B Line 11; OR, F	me: Copy your total cum	errent monthly income from Official
	Form	122A-1 Line 11, OR, FC	SIII 1225 LINE 11, OK, 1	Offin 1220 Table 17.	<u> </u>
9.	Copy (	the following special	categories of claims fr	om Part 4, line 6 of Sch	chedule E/F:
					Total claim
ļ.					
	Fron	m Part 4 on Schedule	E/F, copy the following	j:	
	9a Do	omestic support obligati	ions (Copy line 6a.)		s0.00
	••		,		0.00
	9b. Ta	axes and certain other of	debts you owe the gover	nment. (Copy line 6b.)	\$0.00
	9c. Cla	aims for death or perso	nal injury while you were	e intoxicated. (Copy line	e 6c.) \$0.00
					0.00
	9d. St	tudent loans. (Copy line	e6f.)		ss
	9e. Ot	bligations arising out of riority claims. (Copy line	a separation agreemen	or divorce that you did	d not report as \$ 0.00
	9f. De	ebts to pension or profit	t-sharing plans, and other	er similar debts. (Copy lin	line 6h.) + \$0.00
		A I A I I P 0- 45	als of		0.00
	9g. To	otal. Add lines 9a throu	gn <del>s</del> r.		<u> </u>

KIMBERLY ALLEYNE HALE  First Name Middle Name Last Name  Bankruptcy Court for the: Middle District of Florida  Check if t amended  Form 106A/B	his is an
Bankruptcy Court for the: Middle District of Florida  Check if t	his is an
Bankruptcy Court for the: Middle District of Florida  Check if t	his is an
□ Check if t	his is an
amended	his is an
	filing
Form 106A/B	9
dule A/B: Property	12/15
egory, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in here you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equal a for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any addition name and case number (if known). Answer every question.  Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In	пу
wn or have any legal or equitable interest in any residence, building, land, or similar property?	
So to Part 2.	
Where is the property?  What is the property? Check all that apply.  Do not deduct secured claims or exemp	
Single-family home the amount of any secured claims on St.	chedule D:
eet address, if available, or other description  Duplex or multi-unit building  Condominium or cooperative  Current value of the Curren	alue of the
Manufactured or mobile home entire property? portion you	u own?
Land \$\$ Investment property	
Timeshare  Describe the nature of your own interest (such as fee simple, ten)	ership ancy by
Other the entireties, or a life estate), if	
Who has an interest in the property? Check one.	
Debtor 1 only  Debtor 2 only	
Debtor 2 only  Debtor 1 and Debtor 2 only  (see instructions)	roperty
At least one of the debtors and another	
Other information you wish to add about this item, such as local property identification number:	
n or have more than one, list here:	
What is the property? Check all that apply.  □ Single-family home  □ Do not deduct secured claims or exemption the amount of any secured claims on S	
Creditors Who Have Claims Secured by	
reet address, if available, or other description  Condominium or cooperative  Current value of the  Current value of the	
Manufactured or mobile home entire property? portion yo	ou own r
Land \$\$	
Describe the nature of your own interest (such as fee simple, ten	
Other the entireties, or a life estate), if	
Who has an interest in the property? Check one.	
Debtor 1 only  Debtor 2 only	
- Popula Zamy	roperty
Debtor 1 and Debtor 2 only  Check if this is community p	

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eblor 1	First Name Middle Name Last Name			
		What is the property? Check all that apply.	Do not deduct secured cla	
1.3.		Single-family home	the amount of any secure Creditors Who Have Clair	
	Street address, if available, or other description	☐ Duplex or multi-unit building		
		Condominium or cooperative	Current value of the entire property?	portion you own?
		Manufactured or mobile home	onthio property:	, -
		Land	\$	\$
		Investment property	Decembe the mature of	of wave awa arabia
	City State ZIP Code	☐ Timeshare	Describe the nature of interest (such as feet)	
		Other	the entireties, or a life	
		Who has an interest in the property? Check one.		
		Debtor 1 only		
	County	Debtor 2 only		
		Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
		At least one of the debtors and another	(see instructions)	
		Other information you wish to add about this ite		
		property identification number:		
			ı	<u></u>
Add	the dollar value of the portion you own for a	ill of your entries from Part 1, including any entrie	s for pages	s
you	have attached for Part 1. Write that number	here	······································	
art 2:				
you u own	own, lease, or have legal or equitable intere that someone else drives. If you lease a vehicle , vans, trucks, tractors, sport utility vehicles	st in any vehicles, whether they are registered or le, also report it on Schedule G: Executory Contracts s, motorcycles		3
you u own Cars	own, lease, or have legal or equitable intere that someone else drives. If you lease a vehic , vans, trucks, tractors, sport utility vehicles	le, also report it on Schedule G. Executory Contracts		;
Cars	own, lease, or have legal or equitable intere that someone else drives. If you lease a vehicle , vans, trucks, tractors, sport utility vehicles lo	le, also report it on Schedule G. Executory Contracts  , motorcycles	and Unexpired Leases.	
you u cwn Cars	own, lease, or have legal or equitable intere that someone else drives. If you lease a vehic , vans, trucks, tractors, sport utility vehicles	le, also report it on Schedule G. Executory Contracts s, motorcycles  Who has an Interest in the property? Check one.		nims or exemptions. Put
Cars	own, lease, or have legal or equitable intere that someone else drives. If you lease a vehicle , vans, trucks, tractors, sport utility vehicles lo	le, also report it on Schedule G. Executory Contracts  s, motorcycles  Who has an Interest in the property? Check one.  Debtor 1 only	and Unexpired Leases.  Do not deduct secured cla	nims or exemptions. Put d claims on <i>Schedule D</i> :
Cars	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle of trucks, tractors, sport utility vehicles to design the second of the s	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only	and Unexpired Leases.  Do not deduct secured clathe amount of any secured Creditors Who Have Claim	nims or exemptions. Put d claims on Schedule D: ns Secured by Property.
Cars	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle of the someone else drives, sport utility vehicles to see the someone else drives.  Make:  Model:  Year:	le, also report it on Schedule G. Executory Contracts  8, motorcycles  Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	and Unexpired Leases.  Do not deduct secured clathe amount of any secures.	nims or exemptions. Put d claims on Schedule D: ns Secured by Property.
Cars	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles for the second vestigation of the second vestigation vestigation of the second vestigation of the second vestigation vestigation of the second vestigation vestiga	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	nims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of th
Cars	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle of the someone else drives, sport utility vehicles to see the someone else drives.  Make:  Model:  Year:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	nims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of th portion you own?
Cars	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles for the second vestigation of the second vestigation vestigation of the second vestigation of the second vestigation vestigation of the second vestigation vestiga	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	nims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of th
Cars	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles for the second vestigation of the second vestigation vestigation of the second vestigation of the second vestigation vestigation of the second vestigation vestiga	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	nims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of th portion you own?
Cars	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles for the second vestigation of the second vestigation vestigation of the second vestigation of the second vestigation vestigation of the second vestigation vestiga	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	nims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of th portion you own?
O you u own Cars  V N P	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles for the second vestigation of the second vestigation vestigation of the second vestigation of the second vestigation vestigation of the second vestigation vestiga	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	nims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of th portion you own?
Cars  Cars  A  1 Y	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle wans, trucks, tractors, sport utility vehicles wans, trucks, tractors, sport utility vehicles was warded.  Make:  Model: Year: Approximate mileage: Other information:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured clathe amount of any secured Creditors Who Have Claim  Current value of the entire property?	nims or exemptions. Put of claims on Schedule Dissipations Secured by Property.  Current value of the portion you own?  \$
O you u own Cars  V N P	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle that someone else drives. If you lease a vehicle to the someone else drives, sport utility vehicles do see that the	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property?  \$  Do not deduct secured clathe amount of any secured.	nims or exemptions. Put of claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
Cars  Cars  A  1 Y	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle wans, trucks, tractors, sport utility vehicles wans, trucks, tractors, sport utility vehicles was warded.  Make:  Model: Year: Approximate mileage: Other information:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property?  S  Do not deduct secured cla	nims or exemptions. Put of claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
Cars  Cars  A  1 Y	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle that someone else drives. If you lease a vehicle to the someone else drives, sport utility vehicles do see that the	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secured Carrent value of the entire property?  Do not deduct secured clathe amount of any secured clathe amount of any secured Creditors Who Have Clain Current value of the	ims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
Cars  Cars  A  1 Y	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle store, vans, trucks, tractors, sport utility vehicles do fee.  Make:  Model: Year: Approximate mileage: Other information:  Jown or have more than one, describe here: Make: Model:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 1 only Debtor 1 only	Do not deduct secured clathe amount of any secured Creditors Who Have Claim  Current value of the entire property?  S  Do not deduct secured clathe amount of any secured Creditors Who Have Claim	nims or exemptions. Put of claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$
Cars  Cars  A  1 Y	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle that someone else drives. If you lease a vehicle to the someone else drives. If you lease a vehicle to the someone else drives. Sport utility vehicles to describe have:  Make:  Model:  Year:  Approximate mileage:  Make:  Model:  Year:  Approximate mileage:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secured Carrent value of the entire property?  Do not deduct secured clathe amount of any secured clathe amount of any secured Creditors Who Have Clain Current value of the	ims or exemptions. Put id claims on Schedule Dissipations.  Current value of the portion you own?  \$
Cars  Cars  A  1 Y	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle that someone else drives. If you lease a vehicle to the someone else drives. If you lease a vehicle to the someone else drives. Sport utility vehicles to see that someone else drives.  Make:  Model:  Jown or have more than one, describe here:  Make:  Model:  Year:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 1 only Debtor 1 only	Do not deduct secured clathe amount of any secured Carrent value of the entire property?  Do not deduct secured clathe amount of any secured clathe amount of any secured Creditors Who Have Clain Current value of the	ims or exemptions. Put id claims on Schedule Dissipations.  Current value of the portion you own?  \$

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tor 1	KIMBERLY	ALLEYNE	HALE	Case number or kn	70W/I)	
	Fast Name Middle h	Name East Name				
	St-line		Who has an interest in	the property? Check one.	Do not deduct secured cla	ims or exemptions. Put
3.3.	Make:		Debtor 1 only		the amount of any secured Creditors Who Have Claim	d claims on Schedule D:
	Model:		Debtor 2 only			
	Year:	<u>.</u>	Debtor 1 and Debtor 2	anly	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:		At least one of the deb	otors and another	entite broberty i	portion 300 0mm
	Other information:					\$
			Check if this is cominstructions)	imunity property (see	\$	<b>3</b>
3 4.	Make:		Who has an interest in	the property? Check one.	Do not deduct secured cla	
,	Model:		Debtor 1 only		the amount of any secured Creditors Who Have Claim	
			Debtor 2 only			Current value of th
	Year:		Debtor 1 and Debtor 2		Current value of the entire property?	portion you own?
	Approximate mileage:		At least one of the deb	otors and another	Andrea Brake A	<b>F 2</b>
	Other information:	_			\$	\$
			Check if this is cominstructions)	imunity property (see	Φ	φ
zam Z <b>i</b> N	apies: Boats, trailers, mot o	omes, ATVs and oth ors, personal wateror	er recreational vehicles, aft, fishing vessels, snowm	other vehicles, and accessonobiles, motorcycle accesso	sories ries	
xam Ó Ni ☐ Yi	apies: Boats, trailers, mot o	ors, personal watercr	aft, fishing vessels, snowm	nobiles, motorcycle accesso the property? Check one.	po not deduct secured clies  Do not deduct secured clies the amount of any secure Creditors Who Have Clair  Current value of the entire property?	d claims on Schedule D
xam 1 Na 1 Ya	oples: Boats, trailers, mot o es  Make:  Model:  Year:	ors, personal watercr	who has an interest in Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2	nobiles, motorcycle accesso the property? Check one. Conly ptors and another	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule ms Secured by Propen  Current value of portion you own
Ži No → Yo 4.1.	oples: Boats, trailers, mot o es  Make:  Model:  Year:	one, list here:	Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the det Check if this is cominstructions)	nobiles, motorcycle accessor the property? Check one. conly boors and another nimunity property (see	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule I ms Secured by Properly  Current value of portion you own?  \$
Ži No → Yo 4.1.	pples: Boats, trailers, mot  o es  Make:  Model:  Year:  Other information:  own or have more than Make:  Model:  Year:	one, list here:	who has an interest in Debtor 1 only Debtor 1 and Debtor 2 At least one of the det Check if this is cominstructions)  Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only	nobiles, motorcycle accessor the property? Check one. conty totors and another nmunity property (see	Do not deduct secured clatte amount of any secure Creditors Who Have Clair  Current value of the entire property?  S  Do not deduct secured clatte amount of any secure Creditors Who Have Clair  Current value of the	d claims on Schedule I ms Secured by Property  Current value of portion you own  \$  aims or exemptions. Put d claims on Schedule I ms Secured by Property  Current value of
<b>Z</b> N₀ <b>Z</b> N₀ <b>Y</b> 0	pples: Boats, trailers, mot  o es  Make:  Model:  Year:  Other information:  own or have more than Make:  Model:  Year:	one, list here:	Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the det Check if this is cominstructions)  Who has an interest in Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the det	nobiles, motorcycle accessor the property? Check one. conty totors and another nmunity property (see	Do not deduct secured clatte amount of any secure Creditors Who Have Clair  Current value of the entire property?  S  Do not deduct secured clatte amount of any secure Creditors Who Have Clair  Current value of the	d claims on Schedule in Secured by Propertion You own  Sams or exemptions. Propertion of the claims on Schedule in Secured by Propertion you own

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Debtor 1 KIMBERLY ALLEYNE HALE Case number (#known)\_\_\_\_\_\_

#### Part 3: Describe Your Personal and Household Items Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☑ No Yes. Describe...... 7. Electronics Examples' Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ Yes. Describe... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe....... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments Yes. Describe..... 10. Firearms Examples. Pistols, rifles, shotguns, ammunition, and related equipment ☑ No Yes. Describe...... 11. Clothes Exemples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories \_\_\_\_\_\_ 200.00 PERSONAL CLOTHING 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gerns, No Yes. Describe...... 13. Non-farm animals Examples. Dogs, cats, birds, horses No Yes, Describe...... \$ 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3, Write that number here

Official Form 106A/B Schedule A/B: Property page 4

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HALE

**ALLEYNE** KIMBERLY Case number (if known)\_ Debtor 1 First Name Middle Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each □ No ☑ Yes...... Institution name: 200.00 WELLS FARGO 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4 Savings account: 17.5. Certificates of deposit: 17.6 Other financial account: 17.7 Other financial account: 17 8. Other financial account: 17.9 Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Z No ☐ Yes ..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture % of ownership: ☑ No Name of entity: 0% Yes, Give specific 96 information about 0% them..... 0%

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Debtor 1	KIMBERLY	ALLEYN		Case number (if known)	
	First Name	Middle Name	Last Name		
20. Govern	nment and corpo	rate bonds and oti	ner negotiable and non-r	negotiable instruments	
Negotia	able instruments i	nclude personal che	cks, cashiers' checks, pro	missory notes, and money orders.	
Non-ne	igotiable instrume	nts are those you ca	annot transfer to someone	by signing or delivering them.	
Ø No					
	. Give specific	Issuer name:			
	rmation about				\$
					\$
					\$
	ment or pension				
	les: Interests in IR	A. ERISA, Keogh, 4	101(k), 403(b), thrift saving	s accounts, or other pension or profit-sharing plans	
☑ No					
	s. List each count separately.	Type of account:	Institution name:		
		401(k) or similar plan:			\$
		Pension plan:			\$
		IRA:			\$
		Retirement account:			\$
		Keogh;		· · · · · · · · · · · · · · · · · · ·	\$
		Additional account:			\$
		Additional account:			\$ <u></u>
22. Securit	y deposits and p	repayments			
			, ,	tinue service or use from a company	
	<i>les:</i> Agreements v nies, or others	vith landlords, prepa	id rent, public utilities (ele	ctric, gas, water), telecommunications	
☑ No	,				
•	<b>3</b>	le	stitution name or individual:		
<b>—</b> 163			sulution haine or individual		
		Electric:			\$
		Gas:			\$
		Heating oil:			\$
			ntal unit:		\$
		Prepaid rent			\$
		Telephone:			\$
		Water:			\$
		Rented furniture:			\$
		Other:			\$
23. Annuiti	ies (A contract for	a periodic payment	of money to you, either fo	r life or for a number of years)	
<b>Ø</b> No					
☐ Yes	S	Issuer name and de	scription:		
					\$
					\$
					\$

Official Form 106A/B

Schedule A/B: Property page 6

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Debtor 1	KIMBERLY	ALLEYNE	HALE	Case number (# known)	
	First Name Middle	Name Last Name		-	
	s in an education IR C. §§ 530(b)(1), 529A		ualified ABLE program	n, or under a qualified state tuition program.	
20 0.3.0 ☑ No	o. 33 000(D)(1), 029A	(U), drid UES(U)(T).			
		Institution name and	description Senerately	file the records of any interests.11 U.S.C. § 521(c	-1-
		arsutution name and (	леоспракта эерагалагу г	me the records of any interests. IT 0.5.0. § 521(0	•1
					\$
					\$
					\$
	equitable or future in able for your benefit		ther than anything list	ed in line 1), and rights or powers	
☑ No	•				
☐ Yes	. Give specific	Γ			
	rmation about them				\$
26 Datasta	conviolte tedes	arks, trade secrets, ar	d other intellectual as	operty	
		arks, trade secrets, ar ames, websites, proceed			
☑ No		.,	•		
	. Give specific		–		
	rmation about them				\$
		ther general intangible exclusive licenses, coope		ings, liquor licenses, professional licenses	
Ø No	er. Danding permits, o			anger, ingerious, presidental indition	
	. Give specific	_ ·· ·· ·			,
	mation about them				\$
Money or p	property owed to you	17			Current value of the
					portion you own? Do not deduct secured
					claims or exemptions.
	ınds owed to you				
☑ No	Ohan annaife infa				
☐ Yes.	. Give specific informa about them, including			Federal:	\$
	you already filed the and the tax years	returns		State:	\$
	and the tax years			Local:	\$
29. Family			and the second		al.
,	es: Past due or lump s	sum alimony, spousal su	ipport, child support, ma	nintenance, divorce settlement, property settleme	nı
☑ No	Characteristic information	tion			
☐ Yes.	. Give specific informa	IUON		Alimony:	\$
		:		Maintenance:	\$
				Support:	\$
				Divorce settlement:	\$
				Property settlement	\$
30. Other a	mounts someone ov	res you			
	es: Unpaid wages, dis	ability insurance payme		sick pay, vacation pay, workers' compensation,	
☑ No	Social Security bei	nefits; unpaid loans you	made to someone else		
	. Give specific informa				1
	. Erro spoono inisiria	:			\$
					,

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Debtor 1	KIMBERLY ALLE	YNE HA	NLE	Case number (if known)	
_ 40.01	First Name Middle Name	Last Name	<u></u>		
1. Interest	s in insurance policies				
Example	es: Health, disability, or life insura	ance; health savings	account (HSA); cred	fit, homeowner's, or renter's insuranc	ce control of the con
☑ No					
	Name the insurance company	A		Beneficiary:	Surrender or refund value:
<b>—</b> 165.	of each policy and list its value	Company name:		belieficiary.	54,75,100, 21,10,101, 12,100
	, ,				<u> </u>
			<u> </u>		
			<del></del>		
			<u> </u>	<del> </del>	
2 Anu inte	erest in property that is due yo	ou from someone wi	ho has died		
Z. Any mo. If von ar	s the beneficiary of a living trust	expect proceeds fro	m a life insurance p	olicy, or are currently entitled to recei	ive
property	because someone has died.	,, ,	•	•	
☑ No					
	. Give specific information	•			!
<b>—</b> 1€3.	Olve specific information				\$
					······································
3. Claims	against third parties, whether	or not you have file	d a lawsuit or mad	e a demand for payment	
Example	es: Accidents, employment dispu	utes, insurance claims	s, or rights to sue		
☑ No					
_	Describe each claim				
<b>—</b> 163.	Describe esser outro				\$
				rclaims of the debtor and rights	
4. Other co	ontingent and unliquidated cir ff claims	anns of every nature	s, menualing counter	rejamis of the debter and right	
☑ No	in ordino				
_	Consider on the state				
☐ Yes	. Describe each claim				\$
		'			
35 Any fina	ancial assets you did not alrea	ıdy list			
☑ No	ŕ	r			
	O:				:
☐ Yes	. Give specific information	 			: \$
as Add the	e dollar value of all of your ent	tries from Part 4, inc	duding any entries	for pages you have attached	
for Part	4, Write that number here				→   \$
					<u> </u>
Part 5:	Describe Any Busines	s-Related Prope	erty You Own o	or Have an Interest In. List	any real estate in Part 1.
		<del></del> -			· · · · · · · · · · · · · · · · · · ·
37. Do you	own or have any legal or equi	itable interest in any	/ business-related	property?	
☑ No.	Go to Part 6.				
_	. Go to line 38.				
<b>—</b> 163	. Co to line so.				Current value of the
					portion you own?
					Do not deduct secured claims
					or exemptions.
38. Accour	its receivable or commissions	you already earned	3		
☑ No				<del></del> <u></u>	
_	. Describe				
					<u></u> \$
		· ····································			
39. Office	equipment, furnishings, and s	uppiles	coniers fay machines	rugs, telephones, desks, chairs, electroni	c devices
	es: business-related computers, sony	ware, moderns, printers.	copieis, tax (Hacillites,	gu, rotopirettoet george, ottalia, ottaliati	
☑ No	,			- ·-· - ·-· - · · - · - · -	
Yes	s. Describe				\$
	i i				!

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Debtor 1	KIMBERLY		LLEYNE	HALE	Case number (d known)	
	Frst Name	Middle Name	Last Name			
40 Machine	erv. fixtures. ec	ouioment. :	supplies vou use	in business, and to	ols of your trade	
☑ No	,,	•	,		•	
☐ Yes.	. Describe					\$
	L					_
41. Inventor	rv.					
☑ No	••					1
	, Describe					\$
	1_					
	s in partnershi	ps or joint	ventures			
☑ No						
☐ Yes.	, Describe	Name of er	ntity:		% of ownership:	
					%	\$
					%	\$
					%	\$
			<u> </u>			
43. Custom	er lists, mailin	g lists, or o	ther compilation	is		
☑ No						
☐ Yes.	. Do your lists	include pe	rsonally identifia	ble information (as o	Jefined in 11 U.S.C. § 101(41A))?	
	□ No					
	Yes. Descr	ibe [				
		į				\$
						:
44. Any bus	siness-related	property y	ou did not alread	y list		
	. Give specific					
	mation					\$
						\$
						\$
			·			*
						\$
				<u> </u>		\$
						\$
				"		
					ntries for pages you have attached	\$
for Part	5. Write that n	umber her	Θ			
Part 6:					Property You Own or Have an Interest in	1.
	If you own or	have an in	iterest in farmlan	d, list it in Part 1.		
. •		ny legal or	equitable interes	it in any farm- or cor	nmercial fishing-related property?	
	Go to Part 7.					
☐ Yes.	Go to line 47.					
						Current value of the
						portion you own?  Do not deduct secured claims
						or exemptions.
47. Farm ar	nimals					
Example	es: Livestock, p	bultry, farm	-raised fish			
☑ No						
☐ Yes						
						•
						. ] 🌣

Schedule A/B: Property

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			Case number (if known)	<del></del>
	First Name Last Name			
48. Crops—	either growing or harvested			
☑ No				
_	Give specific			
	nation	<b></b>		\$
40 E 45	d fishing equipment, implements, machinery, fix			
49. Familian ☑ No	a risning equipment, implements, macrimery, fix	dies, and tools of trade		
				. 1
				\$
	L	· · · · · · · · · · · · · · · · · · ·		
	d fishing supplies, chemicals, and feed			
ZÍ No				
Yes.				
				\$
51 Any farm	n- and commercial fishing-related property you d	id not already list		
<b>2</b> No	. and commonate norming related property your	,		
	Give specific			
	mation			\$
52. Add the for Part	dollar value of all of your entries from Part 6, inc	luding any entries for pag	es you nave attached	\$
ioi rait	V, TTILE LIGIT NATION THOIR STATE OF THE STA	.,	-	
Part 7:	Describe All Property You Own or Hav	ve an Interest in Tha	t You Did Not List Above	
•	have other property of any kind you did not alrea	dy list?		
,	Season tickets, country club membership			
<b>∑</b> No				\$
	Give specific [ nation			•
iiiioii	Tid (or )			<u> </u>
				\$
			_	
54. Add the	dollar value of all of your entries from Part 7. Wri			
	wonds talled or all or your onlines from a large state	te that number here	······································	\$
		te that number here	· · · · · · · · · · · · · · · · · · ·	\$
	-		······································	\$
Part 8:	List the Totals of Each Part of this Fo			\$
	-	rm	<del></del>	\$ 0.00
55. Part 1: T	List the Totals of Each Part of this Fo	orm	· · · · · · · · · · · · · · · · · · ·	\$
55. Part 1: T	List the Totals of Each Part of this Footal real estate, line 2	rm	<b>0</b>	\$
55. Part 1: T 56. Part 2: T 57. Part 3: T	List the Totals of Each Part of this Footal real estate, line 2  otal yehicles, line 5  otal personal and household items, line 15	\$ 0.0 \$ 400.0	0 0	\$ 0.00
55. Part 1: T 56. Part 2: T 57. Part 3: T	List the Totals of Each Part of this Footal real estate, line 2	\$ 0.0 \$ 400.0 \$ 0.0	0 0 0	\$ 0.00
55. Part 1: T 56. Part 2: T 57. Part 3: T 68. Part 4: T	List the Totals of Each Part of this Footal real estate, line 2  otal yehicles, line 5  otal personal and household items, line 15	\$ 0.0 \$ 400.0 \$ 0.0 \$ 0.0	0 0 0 0	\$
55. Part 1: T 56. Part 2: T 57. Part 3: T 68. Part 4: T 59. Part 5: T	List the Totals of Each Part of this Formation of the Part o	\$ 0.0 \$ 400.0 \$ 0.0	0 0 0 0	\$
55. Part 1: T 56. Part 2: T 57. Part 3: T 68. Part 4: T 59. Part 5: T 60. Part 6: T	List the Totals of Each Part of this Footal real estate, line 2 otal vehicles, line 5 otal personal and household items, line 15 otal financial assets, line 36 otal business-related property, line 45	\$ 0.0 \$ 400.0 \$ 0.0 \$ 0.0	0 0 0 0 0	\$
55. Part 1: T 56. Part 2: T 57. Part 3: T 58. Part 4: T 59. Part 5: T 60. Part 6: T	List the Totals of Each Part of this Formation of the Part o	\$ 0.00 \$ 400.00 \$ 0.00 \$ 0.00 + \$ 0.00	0 0 0 0 0	•
55. Part 1: T 56. Part 2: T 57. Part 3: T 58. Part 4: T 59. Part 5: T 60. Part 6: T	List the Totals of Each Part of this Formation of the Part o	\$ 0.00 \$ 400.00 \$ 0.00 \$ 0.00 + \$ 0.00	0 0 0 0 0 0	•
55. Part 1: T 56. Part 2: T 57. Part 3: T 68. Part 4: T 59. Part 5: T 60. Part 6: T 61. Part 7: T 62. Total per	List the Totals of Each Part of this Formation of the Part o	\$ 0.0 \$ 400.0 \$ 0.0 \$ 0.0 \$ 0.0 \$ 400.0	0 0 0 0 0 0 Copy personal property total	+\$400.00
55. Part 1: T 56. Part 2: T 57. Part 3: T 68. Part 4: T 59. Part 5: T 60. Part 6: T 61. Part 7: T 62. Total per	List the Totals of Each Part of this Formation of the Part o	\$ 0.0 \$ 400.0 \$ 0.0 \$ 0.0 \$ 0.0 \$ 400.0	0 0 0 0 0 0 Copy personal property total	•

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Debtor 1 KIMSERLY ALL	EYNE HALE Case nu	nber (r/ known)		
Additional Page	page, number them beginning with 2.3, followed	Column A  Amount of claim  Do not deduct the value of colleteral	Column B  Value of collateral that supports this claim	Column C Unsecured portion
	Describe the property that secures the claim:	\$	s	\$
Creditor's Name		 !		
Number Street		Ì		
	As of the date you file, the claim is: Check all that apply.	I		
	Contingent			
City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of Iien. Check all that apply,			
Debtor 1 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 2 only Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a tawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	-		
community debt				
Date debt was incurred	Last 4 digits of account number			
Outlied Name	Describe the property that secures the claim:	\$	. \$	\$
Creditor's Name	:	j		
Number Street	As of the data was fits the attitude to Charles Higher and	-		
	As of the date you file, the claim is: Check all that apply.  Ontingent			
	☐ Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
	Other (including a right to offset)			
Check if this claim relates to a community debt		-		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name	·	٦		
Number Street				
	As of the date you file, the claim is: Check all that apply.	.i		
	☐ Conlingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)  Statutory tien (such as tax lien, mechanic's lien)			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	-		
community debt	Last A digits of account number			
Date debt was incurred	Last 4 digits of account number		7	
	s in Column A on this page. Write that number here:	\$	_	
If this is the last page of your form	, add the dollar value totals from all pages.	3		

Fill in this	information to identif	y your case:					
Debtor 1	KIMBERLY	ALLEYNE	HALE	]			
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing	ng) First Name	Middle Name	Last Name				
United State	s Bankruptcy Court for the	: Middle District of F	Florida			_	
Case number	er						k if this is an inded filing
(If known)				_		Biller	idea iiiiig
Official	Form 106E/F	: -					
Sched	lule E/F: Cr	editors W	ho Have Unsec	ured Claim	15		12/15
List the oth A/B: Proper creditors we needed, cop any addition	er party to any execut dy (Official Form 106 <i>A</i> ith partially secured c	ory contracts or un VB) and on Schedu laims that are listed fill it out, number the name and case nur		lt in a claim. Also lis Unexpired Leases (C Have Claims Secure	it executory co Official Form 1 and by Property	ontracts on So 06G). Do not v. If more space	chedule include any se is
1. Do any	creditors have priority	unsecured claims	against you?	· · · · · · · · · · · · · · · · · · ·			·
	So to Part 2.						
each clai nonpriori	im listed, identify what I ity amounts. As much a	type of claim it is. If a is possible, list the d	ditor has more than one priority to claim has both priority and nonp aims in alphabetical order accord Part 1. If more than one creditor h	priority amounts, list the ling to the creditor's na	at claim here ar ame, If you hav	nd show both p e more than tv	oriority and vo priority
(For an e	explanation of each type	e of claim, see the in	structions for this form in the inst	ruction booklet.)	Total claim	Priority	Nonpriority
					TOTAL CIAITI	amount	amount
2.1			Last 4 digits of account number		\$	\$	\$
Prionty C	reditor's Name	· · ·	When was the debt incurred?	<u> </u>			
Number	Streel		Which was the dept incurred?				
			As of the date you file, the clair	n is: Check all that apply			
Čny	Sta	ite ZIP Code	☐ Confingent				
-	curred the debt? Check		Unliquidated				
_	itor 1 only	one.	☐ Disputed				
	itor 2 only		Type of PRIORITY unsecured	claim:			
☐ Deb	tor 1 and Debtor 2 only		☐ Domestic support obligations				
	east one of the debtors and	another	Taxes and certain other debts y	ou owe the government			
☐ Che	eck if this claim is for a	community debt	Claims for death or personal inj	_			
_	claim subject to offset?		intoxicated  Other. Specify				
☐ No ☐ Yes			- Carlot: Opacity				
2.2	<u> </u>			·	···		
	reditor's Name		Last 4 digits of account number		\$	_ \$	_ s
	<u> </u>		When was the debt incurred?				
Number	Street		As of the date you file, the clair	n is: Check all that apply			
	·		☐ Contingent				
C-ty	Sta	le ZIP Code	Unliquidated				
Who in	curred the debt? Check	one.	☐ Disputed				
	otor 1 only		Type of PRIORITY unsecured	claim:			
	tor 2 only		☐ Domestic support obligations				
_	tor 1 and Debtor 2 only		Taxes and certain other debts y	ou owe the government			
	east one of the debtors and		Claims for death or personal in	•			
☐ Che	eck if this claim is for a	community debt	inloxicated	,			
Is the d ☐ No	claim subject to offset?		Other, Specify				

Yes

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KIMBERLY **ALLEYNE** Case number of known) Debtor 1 Your PRIORITY Unsecured Claims — Continuation Page Part 1: Priority Nonpriority After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim amount amount Last 4 digits of account number \_\_\_ \_\_\_ Priority Crecitor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ■ Unliquidated Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Deblor 2 only Domestic support obligations Deblor 1 and Debtor 2 only ■ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number \_\_\_\_ \_\_ \_\_\_ Pnonty Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. ■ Contingent ZIP Code ☐ Unliquidated Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government ☐ At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? □ No Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Deblor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the deblors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt

■ Other, Specify \_

☐ No☐ Yes

is the claim subject to offset?

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HALE

Debtor 1 Case number (if known) Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim Lauderhill Ten Management Corporation Last 4 digits of account number 18,000.00 Nonphority Credtor's Name When was the debt incurred? 4301 NW 16TH STREET Number Street LAUDERHILL 33313 As of the date you file, the claim is: Check all that apply. ☐ Contingent Who incurred the debt? Check one ☐ Unliquidated Debtor 1 only ☐ Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No ■ Other, Specify \_ ☐ Yes 4,000.00 STRALEY & OTTO Last 4 digits of account number \_\_\_\_ \_ When was the debt incurred? Nonpriority Creditor's Name 2699 STIRLING ROAD Number Street As of the date you file, the claim is: Check all that apply. 33312 FT LAUDERDALE ☐ Contingent ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts is the claim subject to offset? No ☐ Yes 4.3 Last 4 digits of account number Nonprority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only ☐ Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Other, Specify \_ ☐ Yes

KIMBERLY

**ALLEYNE** 

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Deblor 1

KIMBERLY

ALLEYNE

HALE

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

Case number (if known)\_

Afte	r listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
		Last 4 digits of account number	si
	Nonpriority Craditor's Name	When was the debt incurred?	<del></del> "
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed	
	☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Deblor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	☐ No☐ Yes		
		Last 4 digits of account number	s
		Last 4 digits of account fidinger	*
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
		☐ Unliquidated	
	Who incurred the debt? Check one	☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only		
	At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
		you did not report as priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	□ N <sub>D</sub>		
	Yes		
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Sireat	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed☐ Disputed☐ Unit Disputed☐ DisputeDisputeD☐ DisputeD☐ Dispute	
	Debtor 1 only	□ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other: Specify	
	No		
	Yes		
	= ··		

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Debtor 1

KIMBERLY

ALLEYNE

Case number (if known)\_

_		
	_	•

#### List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Name Line \_\_\_\_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number \_ City ZIP Code and the same of th On which entry in Part 1 or Part 2 did you list the original creditor? Name Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Number ☐ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number \_\_\_\_ ZIP Code City On which entry in Part 1 or Part 2 did you list the original creditor? Name of (Check one): 

Part 1: Creditors with Priority Unsecured Claims Number □ Part 2: Creditors with Nonpriority Unsecured Claims. Last 4 digits of account number \_\_\_ \_ ZIP Code State and the state of t On which entry in Part 1 or Part 2 did you list the original creditor? Line \_\_\_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number \_\_\_\_\_\_ ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Line \_\_\_\_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street ☐ Part 2: Creditors with Nonpriority Unsecured Last 4 digits of account number \_\_\_ \_\_ \_\_ State ZIP Code City On which entry in Part 1 or Part 2 did you list the original creditor? Name Line \_\_\_\_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number \_\_\_ \_\_ \_\_ State City ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Name Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Number ☐ Part 2: Creditors with Nonpriority Unsecured

Last 4 digits of account number \_

Claims

ZIP Code

State

City

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ALLEYNE Debtor 1 Case number (disnown)\_ Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim 6a. Domestic support obligations 6a Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were Intoxicated 6c 6d. Other. Add all other priority unsecured claims. Write that amount here.

#### Total claim 6f. Student loans 6f.

- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other, Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

6e. Total, Add lines 6a through 6d.

6g.	\$ 	
<b>6</b> h.	\$ ·	

Total claims from Part 2

Fill in this i	nformation to iden	tify your case:			
	KIMBERLY	ALLEYNE	HALE		
Deblor	Flist Name	Middle Name	i ast Name		
Debtor 2 (Spouse thing	) First Name	Middle Nasse	Last Name		
United States	Bankruptcy Court for t	he Middle District of Flo	prida		
Case numbe (if known)	<u></u>				☐ Check if this is an amended filing
<del></del> -					amended ming
Official	Form 106G				
		_	utuanta and	Unavaired Leases	12/15
				Unexpired Leases gether, both are equally responsible for sup	
information. additional p	If more apace is no ages, write your na have any executor	eeded, copy the additi me and case number i y contracts or unexpir	onal page, fill it out, nu (if known). red leases?	mber the entries, and attach it to this page. I	On the top of any
Yes	. Fill in all of the info	rmation below even if th	e contracts or leases are	e listed on Schedule A/B: Property (Official Form	n 106A/B).
2. List sep	arately each perso	n or company with wi	nom you have the conti	act or lease. Then state what each contract	or lease is for (for
exampl	e, rent, vehicle leas ed leases.	se, cell phone). See the	e instructions for this forn	n in the instruction booklet for more examples o	f executory contracts and
инскри	ca icaco.				
Daman	ar company with u	vhom you have the co	ntract or lease	State what the contract or lease is f	or
	or company with v	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2.1					
Name				_	
Number	Street			-	
City		State ZIP Code		-	
		Oldio Eli dodo			
2.2 Name		<u> </u>		-	
				_	
Number	Street				
City	<del></del>	State ZIP Code		- 	
2.3				_	
Name					
Number	Street		• <del></del>	_	
-		Charles 700 Code		_	
City		State ZIP Code			
2.4 Name				-	
, <b>16</b> 000				_	
Number	Street				
City		State ZIP Code		<u>-</u>	•
2.5				_	
Name					
Numbe	Street			_	
				_	
City		State ZIP Code			

ebtor 1	KIMBERLY	ALLEY	NE	HALE	Case number (if known)	
	First Name	Middle Name	t ast Name	144.47		
	Additional P	age if You H	ave More Co	ntracts or Leases		
Perso	n or company v	vith whom you	have the con	tract or lease	What the contract or lease is for	
2		-				
Name						
Numbe	er Street					
City		State	ZIP Code			
: -;		Sidio	Zii Gode			
–: Name				<u> </u>		
Numbe	er Street					
City		State	ZIP Code			
Name						
Numbe	r Street					
City		State	ZIP Code			
-						
Name						
Numbe	r Street					
City		State	ZIP Code			
		O(4.0	2.1 0442			
Name						
Numbe	r Street					
City		State	ZIP Code			
-i						
Name						
Numbe	r Street	<del></del>				
City	<del></del>	State	ZIP Code			
Nama						
Name	<u>-</u>					
Numbe	r Street					
			7000			
City		State	ZIP Code			
·						
Name						
Numbe	r Street					
City		State	ZIP Code			

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Debtor 1		KIMBERLY First Name Middle Nam	ALLEYNE Last Name	HALE	Case number (#known)
Part	2:		Notified for a Deb	t That You Aire	ndy Listed
agen you i	icy is tr have m	ying to collect from y ore than one creditor	ou for a debt you owe t	o someone else, lis at you listed in Part	for a debt that you already listed in Part 1. For example, if a collection it the creditor in Part 1, and then list the collection agency here. Similarly, if 1, list the additional creditors here. If you do not have additional persons to
					On which line in Part 1 did you enter the creditor?
	lame				Last 4 digits of account number
Ñ	lumber	Street			
ō	ity		State	ZIP Code	
	**				On which line in Part 1 dld you enter the creditor?
<u> </u>	lame				Last 4 digits of account number
Ñ	lumber	Street			_ <del></del>
<u>c</u>	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
Ñ	lame	<u> </u>			Last 4 digits of account number
N	lumber	Street			
č	ity		Starle	ZIP Code	
					On which line in Part 1 did you enter the creditor?
N	lame				Last 4 digits of account number
Ň	lumber	Street			<del>-</del>
- C	ity		State	ZIP Code	<del>_</del>
					On which line in Part 1 did you enter the creditor?
N	ame				Last 4 digits of account number
N	umber	Street			
C	ity		State	ZIP Code	<del></del>
					On which line in Part 1 did you enter the creditor?
N	ame				Last 4 digits of account number
N	umber	Sireet			
Ci	ity		State	ZIP Code	

Fill ir	this in	formation to ide	ntify your case:						
Debto	r 1	KIMBERLY	ALLEYI	NE I	HALE				
		First Name	Middle Nan	ne Te	Last Name				
Debto (Spous		Firş1 Name	Middle Nan	12	Last Name				
United	States i	Bankruptcy Court for	the: Middle Dist	rict of Florida	ι				
	number							_	
(If kno							J	☐ Check if amended	
O.C.		4001						difference	. m.n.g
		orm 106H	_						
Sch	<u>redu</u>	ıle H: Yo	ur Code	btors					12/15
are filinand nu case n  1. Do	ng toge imber th umber o you had No I Yes Tithin the rizona, (	ther, both are eq he entries in the (if known). Answ ave any codebton	ually responsit boxes on the le er every questi rs? (If you are fi eve you lived in	ole for support. Attach the on.  ing a joint of a communi	lying correct in the Additional P tise, do not list of ty property sta	iformation. If age to this p ither spouse te or territor	f more epac age. On the as a codebt	nity property states and territories include	ill it out,
		Did your spouse, f	ormer spouse, o	r legal equiv	alent live with y	ou at the time	?		
	Q N	•		in a constitution			EW in the		
	<b>□</b> Y	es. In which comm	nunity state or te	rritory ala yo	u li <b>y</b> e?		Fill in the	name and current address of that person.	
	-								
	N	ame of your spouse, for	merspouse oriega	equivalent					
	N	lumber Street					_		
:							_		
	¢	ity		State		ZIP Code			i
st Se	nown in chedule	line 2 again as a	codebtor only 106D), <i>Schedu</i>	if that pers tile E/F (Office	on Is a guaran	tor or cosign	ıer. Make sı	ouse is filing with you. List the person are you have listed the creditor on tal Form 106G). Use Schedule D,	
(	Column	1: Your codebtor	•				Co.	umn 2: The creditor to whom you owe th	e debt
· 							Ch	eck all schedules that apply:	I
3.1								Schedule D, line	
	Name							Schedule E/F, line	
	Number	Street		<del></del>				Schedule G, line	
:	City			State	·	ZIP Code			!
3.2	4	•					_		
	Name		<u> </u>					Schedule D, line	
	Number	Street						Schedule E/F, line	
	Number	3000						Schedule G, line	
	City			State		ZIP Code			:
3.3		<u></u>					□	Schedule D, line	
	Name							Schedule E/F, line	
	Number	Street						Schedule G, line	
	City			State	<u> </u>	ZIP Code			i
	5.A			J.0.3					

Official Form 106H

Schedule H: Your Codebtors

page 1 of \_\_\_

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Debte	,, ,	IMBERLY ALL rst Name Middle Name	Last Name	···	Case number (######)			
	A	dditional Page to List	More Codebtors					
i		Your codebtor			Column 2: The c	reditor to wh	om you owe the	debt
					Check all schedu	ules that apply	r:	
3					_ ☐ Schedule D,	line		
	Name				☐ Schedule E/		_	
	Number	Street			Schedule G,	line		
	City	·	State	ZIP Code	_			
3	O.I.	•			_			
	Name				Schedule D,			
					☐ Schedule E/		-	
	Number	Street			Schedule G,	HITE		
	City	<u> </u>	State	ZIP Code	-			
3								
$\Box$	Name	<u> </u>		·	Schedule D,			
					□ Schedule E/l □ Schedule G,		-	
	Number	Street			G Screatile G,	III16		
į	City		State	ZIP Code	_			
3								
لئــا	Name		<del></del>	<del></del>	Schedule D,			
					☐ Schedule E/		-	
	Number	Street	· · · · · · · · · · · · · · · · · · ·		Schedule G.	line		
:	City		State	ZIP Code				
3								
_	Name				Schedule D,			
					□ Schedule E/		-	
:	Number	Street			Schedule G,	ine		
	City		State	ZIP Code	_			
3	. ,				_			
Ш	Name				- Schedule D,			
					Schedule E/ Schedule G,	F, line	-	
	Number	Street			Schedule G,	ine		
:	City		State	ZIP Code	_			
β								
Ш	Name				Schedule D,			
					Schedule E/		-	
	Number	Streal			~ ☐ Schedule G,	e		
	City		Şlate	ZIP Code	_			
3.					0.5			
	Name				- ☐ Schedule D,			
					□ Schedule E/ □ Schedule G,		-	
	Number	Street			— Correctie O			
	Crby		Stale	ZIP Code	_			

Official Form 106H Schedule H: Your Codebtors

page \_\_\_ of \_\_\_

Fill in thi	s information to identify	your case:					
Debtor 1	KIMBERLY	ALLEYNE	HALE				
Debtor 2	Faxt Name	Middle Name	Last Name		-		
	iling) First Namé	Middle Name	Lest Name	_	-		
United Sta	tes Bankruptcy Court for the:	Middle District of Florida					
Case num (If known)	ber				Check if	this is: mended filing	
<u> </u>	-					menaea niing pplement showing postpet	ition chapter 13
Official	Form 106l				incor	me as of the following date	t in the second
	edule I: You	Inaama			MM /	DD / YYYY	
						tor 2), both are equally resp	12/15
of you are seeparate seeparate seeparate	separated and your spou heet to this form. On the Describe Employm	ise is not filing with you, o top of any additional pag	do not include inf	orma	tion about your sp	you, include information al ouse. If more space is need known). Answer every que	ed, attach a
1. Fill in y inform	our employment ation.		Debtor 1			Debtor 2 or non-filling	spouée
atlach a	nave more than one job, a separate page with ation about additional ers.	Employment status	☐ Employed ☑ Not employ	ed		☐ Employed ☐ Not employed	,
	part-time, seasonal, or ployed work.						
	ation may include student emaker, if it applies.	Occupation					_ <del></del>
		Employer's name					
		Employer's address	Number Street			Number Street	<u></u> .
							:
			Cily	Stat	e ZIP Code	City Sta	ite ZIP Code
		How long employed then	-	•		J.y	21. 0000
	_					_	
Part 2:	Give Details About	Monthly Income	<u> </u>				
spouse	unless you are separated.		•	-		write \$0 in the space. Include	your non-filing
lf you o below. I	r your non-tiling spouse ha If you need more space, al	ive more than one employe tlach a separate sheet to th	r, combine the info is form.	mati	on for all employers	for that person on the lines	
					For Debtor 1	For Debtor 2 or non-filing spouse	į
		ary, and commissions (be calculate what the monthly		2.	\$0.00	\$	
3. Estima	ate and list monthly over	time pay.		3.	+\$0.00	+ \$	:
4. Calcul	ate gross income. Add lin	ne 2 + line 3.		4.	\$0.00	\$	

Official Form 106i Schedule I: Your Income page 1

Deblor 1	KIMBERLY First Name Middle I	ALLEYNE Name Last Name	HALE		Ças	e number (if kno	<b>₩</b> 1)			_
·					For	Debtor 1	For Debtor 2 or non-filing spous	6 <del>0</del> _		
Cop	y line 4 here			<b>→</b> 4.	\$	0.00	\$			
5. List	all payroll deductions:									
	. Tax, Medicare, and So	cial Security deductions	•	5a.	s	0.00	\$			
	. Mandatory contributio		•	5b.	\$	0.00	\$			
	Voluntary contribution			5c.	s	0.00	\$			
	. Required repayments	_	•	5d.	\$	0.00	\$			
:	. Insurance			5e.	\$	0.00	\$			
	Domestic support obli	gations		5f.	\$	0.00	\$	_		
		g		5g.	5	0.00	\$	_		
~	. Union dues . Other deductions. Spe	oib.:		5g. 5h.	+\$	0.00		_		
	d the payroll deduction				\$	0.00	+ \$ \$	_		
7. Ca	iculate total monthly tal	ke-home pay. Subtract lin	ne 6 from line 4.	7.	\$	0.00	\$	_		
8. List	t all other income regula	ırly received:								
8a.	. Net income from renta profession, or farm	l property and from ope	rating a business,							
! !		ach property and busines acessary business expens		8a.	\$	0.00	\$	_		
8b	. Interest and dividends			8b.	\$	0.00	\$			
8c	Family support payme regularly receive	nts that you, a non-filln	g spouse, or a depende	ent						
: :	Include alimony, spousa settlement, and property	I support, child support, n settlement.	naintenance, divorce	8c.	\$	300.00	\$			
8d.	. Unemplo <del>yment compe</del>	nsation		8d.	\$	0.00	\$			
8e	Social Security			8e.	\$	0.00	\$	_		
8f.	that you receive, such as	istance that you regular and the value (if known) s food stamps (benefits u gram) or housing subsidie	of any non-cash assistar nder the Supplemental	nce						
				8f.	\$	147.00	\$	_		
<b>8</b> g	. Pension or retirement	Income		8g.	\$	0.00	\$			
8h	. Other monthly income	. Specify:		8h.	+\$	0.00	<u>+s</u>			
9. Ađ	d all other income. Add	lines 8a + 8b + 8c + 8d +	8e + 8f +8g + 8h.	9.	\$	0.00	\$			
	culate monthly income. If the entries in line 10 for l		non-filing spouse.	10.	\$	347.00	• s	_  =	\$3	47.00
Incl	te all other regular conti ude contributions from an nds or relatives.	•	•			nts, your roon	nmates, and other			
	not include any amounts a ecify:	already included in lines 2			vailable i	to pay expens	ses listed in <i>Schedule</i> —	9 J. 11, <b>+</b>	\$	0.00
	the amount in the last						-		e 3	47.00
• VVsit	te that amount on the Sun	nmary of Your Assets <b>a</b> nd	f Liabilities and Certain S	Statisti	cal Infor	mation, if it a	pplies	12.	Combined	1
	you expect an increase No. Yes. Explain:	or decrease within the	year after you file this	form?					monthly in	icome

Fill in this information to identify	your case:			
Debtor 1 KIMBERLY	ALLEYNE HALE	Check if this is	·	
Frist Name Debtor 2	Meddle Name Last Name			
(Spouse, if filing) First Name	Middle Name Last Name	An amende	-	petition chapter 13
United States Bankruptcy Court for the:	Middle District of Florida		es of the following	
Case number		MM / DD / Y	YYY	
(IT KNOWTI)				
Official Form 106J	-			
Schedule J: Yo	ur Expenses			12/15
-	ossible. If two married people are fili led, attach another sheet to this form	• -		•
Part 1: Describe Your Ho	bsehold			
1. Is this a joint case?				
☑ No. Go to line 2. □ Yes, Does Debtor 2 live in a	separate household?			
Ū No				
Yes. Debtor 2 must fi	le Official Form 106J-2, Expenses for S	eparate Household of Debtor 2.		
2. Do you have dependents?	₩ No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 1 and Delt.tor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age	with you?
Do not state the dependents' names.				☐ No ☐ Yes
Harrics,				□ No
			<del></del>	Yes
				☐ No
				☐ Yes
				□ No
		-	<u> </u>	☐ Yes
				□ No
				☐ Yes
3. Do your expenses include expenses of people other than	<b>☑</b> №			
yourself and your dependents?	☐ Yes			
Part Estimate Your Ongo	ing Monthly Expenses			
Estimate your expenses as of your	bankruptcy filing date unless you a	re using this form as a supplement	t in a Chapter 13 c	ase to report
expenses as of a date after the bar	kruptcy is filed. If this is a suppleme	ental Schedule J, check the box at	the top of the form	and fill in the
applicable date.				
	n-cash government assistance if you d it on <i>Schedule I: Your Income</i> (Offle		Your exper	1965
	expenses for your residence, Include	•		
any rent for the ground or lot.	expenses for your residence, include		<b>\$</b>	0.00
If not included in line 4:				0.00
Real estate taxes			4a. \$	
4: Property, homeowner's, or r		4	\$b. \$	0.00
4c. Home maintenance, repair,		4	lc. \$	105.00
4d Homeowner's association of	r condominium dues	4	ld. \$	289.00

Debtor 1

KIMBERLY ALLEYNE HALE
First Name Middle Name Last Name

Case number (# known)

			Your exper	1868
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.	Utilities:			
٥.	6a. Electricity, heat, natural gas	6a.	\$	69.00
	6b. Water, sewer, garbage collection	6b.	\$	70.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	45.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	20.00
8.	Childcare and children's education costs	В.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	12.00
10.	Personal care products and services	10.	\$	12.00
11.	Medical and dental expenses	<b>1</b> 1.	\$	0.00
12.	Transportation, Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$	20.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14,	\$	0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
	There Do not be taken and a station are a second to the Co. A second			
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$_ <u></u>	0.00
	17b Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify;	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	1e.		
	20a Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20 i. Maintenance, repair, and upkeep expenses	20 <b>d</b> .	\$	0,00
	20c. Homeowner's association or condominium dues	20e	\$	0.00

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Debtor 1 KIMBERLY First Name Middle N	ALLEYNE HALE	Case number (,/ enows)	
21. Other, Specify:		21	+\$ 0.00
22. Calculate your monthly exp	enses.		
22a. Add lines 4 through 21.		<b>22a</b>	\$1,038.00
22b. Copy line 22 (monthly ex	penses for Debtor 2), if any, from Official For	m 106J-2 22b.	\$0.00
22c. Add line 22a and 22b. Th	ne result is your monthly expenses.	22c.	\$1,038.00
23. Calculate your monthly net in	ncome.		0.00
23a. Copy line 12 (your comb	nined monthly income) from Schedule I.	23 <b>a</b>	\$0.00
23h. Copy your monthly expe	inses from line 22c above.	23b	
23c. Subtract your monthly e: The result is your month	xpenses from your monthly income.  If net income.	23c	\$1,038.00
•	•		
24. Do you expect an increase o	r decrease in your expenses within the yea	ar after you file this form?	
, , , , , , , , , , , , , , , , , , , ,	finish paying for your car loan within the year or decrease because of a modification to the		
☐ No.			
Yes.   Explain here:			:
: :			
•			
i			

in this info	ermation to identi	fu vour casa:		<u>ļ</u>	
		<u></u>			
	(IMBERLY Flist Name	ALLEYNE Middle Name	HALE Last Name		
lor 2		****			
use. If filing) F	First Name	Middle Name	Last Name		
ed States Ba	ankruptcy Court for th	ne: Middle District of Flo	orida		
e number _					
15411)					☐ Check if this
			•		amended fili
\fficial	Form 106l	Dec			
	<del></del>			l Dahtaria Saha	dulos
ecia	iration A	Apout an	individua	l Debtor's Sche	aules 12/
				or supplying correct information.	
				nded schedules, Making a false sta	
ars, or bot		by fraud in connection 52, 1341, 1519, and 35		case can result in fines up to \$250,	000, or imprisonment for up to 2
ears, or bot	th. 18 U.S.C. §§ 1	52, 1341, 1519, and 35	571.	case can result in fines up to \$250,	000, or imprisonment for up to 2
Did you p	th. 18 U.S.C. §§ 1	52, 1341, 1519, and 35	571.	case can result in fines up to \$250,	000, or imprisonment for up to 2
Did you p	th. 18 U.S.C. §§ 1  Sign Below  pay or agree to p	52, 1341, 1519, and 35	571.	case can result in fines up to \$250,	
Did you p	th. 18 U.S.C. §§ 1	52, 1341, 1519, and 35	571.	p you fill out bankruptcy forms?	
Did you p	th. 18 U.S.C. §§ 1  Sign Below  pay or agree to p	52, 1341, 1519, and 35	571.	p you fill out bankruptcy forms?  Attach Bankruptcy Petition Prepare	
Did you p	th. 18 U.S.C. §§ 1  Sign Below  pay or agree to p	52, 1341, 1519, and 35	571.	p you fill out bankruptcy forms?  Attach Bankruptcy Petition Prepare	
Did you p  ✓ No  — Yes.	Sign Below  pay or agree to p  Name of person	ay someone who is N	OT an attorney to hel	p you fill out bankruptcy forms?  Attach Bankruptcy Petition Preparation Signature (Official Form 119).	rer's Notice, Declaration, and
Did you put Yes.	Sign Below  pay or agree to p  Name of person	ay someone who is N	OT an attorney to hel	p you fill out bankruptcy forms?  Attach Bankruptcy Petition Prepare	rer's Notice, Declaration, and
Did you p	Sign Below  Pay or agree to p  Name of person	ay someone who is N	OT an attorney to hel	p you fill out bankruptcy forms?  Attach Bankruptcy Petition Preparation Signature (Official Form 119).	rer's Notice, Declaration, and
Did you p  ✓ No  → Yes.	Sign Below  Pay or agree to p  Name of person	ay someone who is N	OT an attorney to hel	p you fill out bankruptcy forms?  Attach Bankruptcy Petition Preparation Signature (Official Form 119).	rer's Notice, Declaration, and
Did you page 1 No Yes.	Sign Below  Pay or agree to p  Name of person	ay someone who is N	oT an attorney to help	p you fill out bankruptcy forms?  Attach Bankruptcy Petition Prepair Signature (Official Form 119).	rer's Notice, Declaration, and
Did you page 1 No Yes.	Sign Below  Pay or agree to p  Name of person_  enalty of perjury,  y are true and cor	ay someone who is N	oT an attorney to help	p you fill out bankruptcy forms?  Attach Bankruptcy Petition Prepair Signature (Official Form 119).	rer's Notice, Declaration, and

Date MM / DD / YYYY

	KIMBERLY First Name	ALLEYNE Middle Name	HALE Last Name		
Debtor 2					
	ng) First Name	Middle Name he: Middle District of Fl	Last Name		
ase numb		ie. Wildele District of the	ondo		_
if known)	<u> </u>				Check if this is an amended filing
fficial	Form 107				
		ancial Affai	rs for Indiv	iduals Filing for Bar	nkruptev 04/
ormation	olete and accurate as i. If more space is no known). Answer ever	eeded, attach a separ	ried people are filing ate sheet to this for	g together, both are equally respons m. On the top of any additional page	ible for supplying correct s, write your name and case
art 1:	Give Details Abo	ut Your Marital Ste	tus and Where Y	ou Lived Before	
. What is	s your current marita	ıl status?			
☐ Mai					
- √1 Not					
	t married the last 3 years, hav	re you lived anywhere	other than where y	ou live now?	
During No	the last 3 years, hav	re you lived anywhere you lived in the last 3			Dates Debtor 2 lived there
During No	the last 3 years, hav		years. Do not include  Dates Debtor 1	e where you live now.	lived there
During No ☑ Yes D	the last 3 years, hav	you lived in the last 3	years. Do not include  Dates Debtor 1  Ilved there	where you live now.  Debtor 2:	lived there  Same as Debtor
During No Self Yes	the last 3 years, haves. List all of the places ebtor 1:	you lived in the last 3	years. Do not include  Dates Debtor 1	where you live now.  Debtor 2:	lived there
During No Yes	the last 3 years, haves. List all of the places ebtor 1:	you lived in the last 3	years. Do not include  Dates Debtor 1  Ilved there	Debtor 2:  Same as Debtor 1	lived there  Same as Debtor
During No Yes	the last 3 years, haves. List all of the places ebtor 1:	you lived in the last 3	years. Do not include  Dates Debtor 1  Ilved there	Debtor 2:  Same as Debtor 1  Number Street	lived there  Same as Debtor
During No Yes	the last 3 years, haves. List all of the places ebtor 1:  4750 NW 16TH Columber Street	OURT	years. Do not include  Dates Debtor 1  Ilved there	Debtor 2:  Same as Debtor 1  Number Street	Same as Debtor From To ZIP Code
During No Yes	the last 3 years, haves. List all of the places ebtor 1:  4750 NW 16TH Columber Street	OURT	years. Do not include  Dates Debtor 1  Ilved there  From  To	Debtor 2:  Same as Debtor 1  Number Street	Ilved there  Same as Debtor  From  To  ZIP Code  Same as Debtor
During No Yes	the last 3 years, haves. List all of the places ebtor 1:  4750 NW 16TH Columber Street	OURT	years. Do not include  Dates Debtor 1  Ilved there	Debtor 2:  Same as Debtor 1  Number Street  City State	Ilved there  Same as Debtor  From  To  ZIP Code
During No Yes	the last 3 years, haves. List all of the places ebtor 1:  4750 NW 16TH Coumber Street	OURT	years. Do not include  Dates Debtor 1 Ilved there  From To	Debtor 2:  Same as Debtor 1  Number Street  City State	Ilved there  Same as Debtor  From  To  ZIP Code  Same as Debtor  From  From
During No Yes	the last 3 years, haves. List all of the places ebtor 1:  4750 NW 16TH Columber Street  LAUDERHILLE City	OURT	years. Do not include  Dates Debtor 1 Ilved there  From To	Debtor 2:  Same as Debtor 1  Number Street  City State	Ilved there  Same as Debtor  From  To  ZIP Code  Same as Debtor  From  From
During No S	the last 3 years, have s. List all of the places ebtor 1:  4750 NW 16TH Columber Street  LAUDERHILLE City	COURT  FL 33313 State ZIP Code	years. Do not include  Dates Debtor 1 Ilved there  From To  From To	Debtor 2:  Same as Debtor 1  Number Street  City State  Number Street  City State	Ilved there  Same as Debtor  From  To  ZIP Code  ZIP Code  ZIP Code
During No Yes	the last 3 years, have s. List all of the places ebtor 1:  4750 NW 16TH Colored Number Street  LAUDERHILLE City  Street	State ZIP Code  State ZIP Code	years. Do not include  Dates Debtor 1 Ilved there  From  To  From  From  pouse or legal equi	Debtor 2:  Same as Debtor 1  Number Street  City State  Number Street	Ilved there  Same as Debtor From To  ZIP Code  ZIP Code  ZIP Code  To  ZIP Code

Debtor 1	KIMBERLY First Name Middle Na	ALLEYNE Last N	HALE	Case nui	mber (if known)	<del> </del>
	First Name Middle Na	gije Laseliv				
Fil	d you have any income fi I in the total amount of inco you are filing a joint case a	me you received	l from all jobs and all busir	nesses, including part-tir	or the two previous cales ne activities. er Debtor 1.	ndar years?
	No Yes, Fill in the details.					
			Dentor 1		Dehtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
	From January 1 of cur the date you filed for b		<ul> <li>✓ Wages, commissions, bonuses, tips</li> <li>□ Operating a business</li> </ul>	\$	<ul> <li>□ Wages, commissions, bonuses, tips</li> <li>□ Operating a business</li> </ul>	\$
	For last calendar year:		₩ages, commissions, bonuses, tips	\$ <u> </u>	Wages, commissions, bonuses, tips	\$
	(January 1 to December	131, <u>2018</u> 1997	Operating a business		<ul> <li>□ Operating a business</li> <li>□ Wages, commissions,</li> </ul>	
	For the calendar year (January 1 to Decembe		✓ Wages, commissions, bonuses, tips  ☐ Operating a business	s0.00	bonuses, tips  Operating a business	\$
Li	ambling and lottery winning st each source and the gro No Yes. Fill in the details.				ed together, list it only once it you listed in line 4.	e under Debtor 1.
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
	From January 1 of cu the date you filed for			\$ \$		\$ \$
				\$		- \$
	For last calendar yea (January 1 to Decembe					- \$
	For the calendar year					\$\$
	(January 1 to Decemb	er 31,2 <u>018</u> ) YVYY		\$ S		\$

		ile Name	Last Name				
Part 3: L							
Part 3: L							
	ist Certain Pa	yments You	Made Befor	e You Filed	for Bankruptcy		
6. Are eithe	r Debtor 1's or l	Debtor 2's debi	s primarily co	onsumer debi	ts?		
<b>☑</b> No. I	Neither Debtor	nor Debtor 2	has primarily	consumer de	bts. Consumer debts ar	e defined in 11 U.S.C. § 101	(8) as
	incurred by an ir	ndividual primari	ly for a person	al, family, or h	ousehold purpose."		
Ţ.	During the 90 da	ys before you fil	ed for bankrup	tcy, did you p	ay any creditor a total of	\$6,425* or more?	
-	No. Go to line	e 7.					
Ţ						or more payments and the	
					ayments for domestic su nents to an attorney for t	pport obligations, such as his bankruptcy case.	
		' '			-	fter the date of adjustment.	
□ ves l	Debtor 1 or Deb	tor 2 or both h	ave orlmarily	consumer de	bts.		
					ay any creditor a total of	\$600 or more?	
_	☐ No. Go to line						
	_						
(					\$600 or more and the to out obligations, such as	tal amount you paid that child support and	
					ey for this bankruptcy car		
				D-44	Total amount noted	A an a comb compared III a comp	Iliaa shia waxaant faa
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Creditor's Nam	<del></del> -			\$	\$	☐ Mortgage
							☐ Car
	Number Stre	ęl					Credit card
							Loan repayment
							Suppliers or vendors
	City	State	ZIP Code				☐ Other
					\$	_ \$	☐ Mortgage
	Creditor's Nam	ė					☐ Car
	Number Stre	et					Credit card
							Loan repayment
							Suppliers or vandors
	City	State	ZIP Code				☐ Other
	.,						
	Creditor's Nam				\$	_ \$	Mortgage
							☐ Car
	Number Stre	et	·				Credit card
							Loan repayment
							Suppliers or vendors
	City	State	ZIP Code				Other

tor 1	KIMBERLY Fast Name Midd	ALLEYNE de Name Last Name	HALE	_	Case number (# known)	
inside corpo agent	ers include your relat orations of which you it, including one for a as child support and	are an officer, director, business you operate a	ers; relatives of any person in control, o	general partners; p or owner of 20% or	partnerships of which more of their voting	who was an insider? th you are a general partner; securities; and any managing r domestic support obligations,
	lo 'es. List all payments	to an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name	<u> </u>		\$ <u>-</u>	\$	:
	Number Street		<del>-</del>			
	City	State ZIP Code	<del></del>	ŝ	\$	
	Insider's Name			<u> </u>	Ψ	
						***
	Nurrber Street					
	Number Sheet	State ZIP Code				
Within an in Includ	City in 1 year before you isider? de payments on debt		<b>lid you make any</b> ed by an insider.	payments or trans Tota∣ amount paid		n account of a debt that benefited  Reason for this payment Include creditor's name
Within an in Includ Min N □ Y	City in 1 year before you isider? de payments on debt	filed for bankruptcy, one signer is guaranteed or cosigner.	did you make any ed by an insider. er. Dates of	Total amount	Amount you still	Reason for this payment
Within an in Includ Sol N □ Y	City in 1 year before you isider? de payments on debt lo 'es. List all payments	filed for bankruptcy, one signer is guaranteed or cosigner.	did you make any ed by an insider. er. Dates of	Total amount paid	Amount you still owe	Reason for this payment
Within an in Incluc ☑ N □ Y	City in 1 year before you isider? de payments on debt lo 'es. List all payments	filed for bankruptcy, one signer is guaranteed or cosigner.	did you make any ed by an insider. er.  Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Within an in Includ Minimum M	City in 1 year before you isider? de payments on debt do 'es. List all payments Insider's Name	filed for bankruptcy, one is guaranteed or cosigner that benefited an inside	did you make any ed by an insider. er.  Dates of payment	Total amount paid	Amount you still owe	Reason for this payment

State ZIP Code

City

Debtor 1	KIMBERLY ALLEY		HALE	Case number (Frenown)		·
	First Name Middle Name	Last Name				
Part 4:	Identify Legal Actions, Re	possession	ns, and Foreclosi	ıres		
				lawsuit, court action, or adminis	trative proceed	no?
List a	all such matters, including persona	l injury cases,	small claims actions	divorces, collection suits, patemity	actions, support	or custody modification.
	contract disputes.	•				
□ N	lo.					
	es. Fill in the details.					
		Natur	e of the case	Court or agency		Status of the case
				_ ,		
	Case title Lauderhill Ten Mana	age Fore	closure	17th Judicial Circuit	Court	- Pending
	·	<del></del>				On appeal
	vs. Estate of Karen Jones			201 SE 6th Street	<del></del>	Concluded
					50004	Concident
1	Case number			Ft Lauderdale City State	FL 33301 ZIP Code	_
				City Glate	ZIF Qude	
						_
1	Case title			Court Name		- Pending
						On appeal
				Number Street		Concluded
	Case number					
				City State	ZIP Code	-
ЦΥ	cs. Fill in the information below.		Describe the prop	perty	Date	Value of the property
						\$
	Creditor's Name		_			<u> </u>
	Marger Street		Explain what hap	pened		
			Property wa	is repossessed.		
		· <del></del>		as foreclosed.		
			☐ Property wa	as gamished.		
	City State	ZIP Code	Property wa	as attached, seized, or levied.		
	. "		Describe the prog	perty	Date	Value of the property
				•		, , , , ,
	Circum Name		_			\$
	Creditor's Name					
	Number Street		_			
	Harring Street		Explain what hap	pened		
			_ D Property wa	as repossessed.		
		-		as foreclosed.		
		10.5		as garnished.		
	City State	ZIP Code	_ ' '	as attached, seized, or levied.		

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KIMBERI	LI /	ALLEYNE	HALE	Case number (44	known)	
First Name	Middle Name	Last	Name			
			ptcy, did any creditor, includi	ing a bank or financial in:	stitution, set off any a	mounts from you
	е со таке а	payment nec	ause you owed a debt?			
No						
Yes, Fill in the	details.					
			Describe the action the credit	or took	Date action	Amount
					was taken	
Creditor's Name						
	<u> </u>					\$
Number Street						
			•			
City	Sta	te ZIP Code	Last 4 digits of account num	her: XXXX-		
~··,			East 4 digits of decoding fight		<del></del>	
ithin 1 year hefe	ro vou filed	for hankman	cy, was any of your property	in the negacion of so	atelonos for the hone	5t of
			cy, was any or your property stodian, or another official?	in the hossession of Hill	assidita int flia nalla	01
No						
l No l Yes						
162						
5: List Certa	ain Gifta a	nd Contribu	tions			
CIST CONT	Units a					
ithin 2 years bef	ore you filed	d for bankrupt	tcy, did you give any gifts wi	th a total value of more th	han \$600 per person?	
ithin 2 years bef No	ore you filed	d for bankrupt	tcy, did you give any gifts wi	th a total value of more th	han \$600 per person?	
_			tcy, did you give any gifts wi	th a total value of more ti	han \$600 per person?	
No			tcy, did you give any gifts wi	th a total value of more th	han \$600 per person?	
No Yes, Fill in the o	details for ea	ch gift.	tcy, did you give any gifts wi Describe the gifts	th a total value of more th	Dates you gave	Value
No Yes. Fill in the o	details for ea	ch gift.		th a total value of more th		
No Yes, Fill in the o	details for ea	ch gift.		th a total value of more th	Dates you gave	
No Yes. Fill in the of Gifts with a total per person	details for ea	ch gift.		th a total value of more th	Dates you gave	
No Yes, Fill in the o	details for ea	ch gift.		th a total value of more th	Dates you gave	
No Yes. Fill in the of Gifts with a total per person	details for ea	ch gift.		th a total value of more th	Dates you gave	
No Yes. Fill in the of Gifts with a total per person	details for ea	ch gift.		th a total value of more th	Dates you gave	
No Yes. Fill in the of Gifts with a total per person	details for ea	ch gift.		th a total value of more th	Dates you gave	
No Yes, Fill in the c Gifts with a tota per person  For some Whom Yo	details for ea	ch gift.		th a total value of more th	Dates you gave the gifts	
No Yes. Fill in the c Gifts with a tota per person  For son to Whom You	details for ea al value of mo u Cave the Gift	ore than \$600		th a total value of more th	Dates you gave	
No Yes, Fill in the c Gifts with a tota per person  For some Whom Yo	details for ea al value of mo u Cave the Gift	ch gift.		th a total value of more th	Dates you gave the gifts	
No Yes. Fill in the c Gifts with a tota per person  For son to Whom You	details for ea al value of mo u Cave the Gift	ore than \$600		th a total value of more th	Dates you gave the gifts	
No Yes. Fill in the c Gifts with a tota per person  For son to Whom You  Number Street	details for ea al value of mo u Cave the Gift	ore than \$600		th a total value of more th	Dates you gave the gifts	
No Yes. Fill in the c Gifts with a tota per person  For son to Whom You  Number Street	details for ea al value of mo u Gave the Gift Stal	ore than \$600		th a total value of more th	Dates you gave the gifts	
No Yes. Fill in the c Gifts with a tota per person  For son to Whom You  Number Street  City  Person's relations	details for ea al value of mo u Gave the Gift Stal	ore than \$600	Describe the gifts	th a total value of more th	Dates you gave the gifts	\alu\(\theta\)
No Yes. Fill in the c Gifts with a tota per person  For son to Whom You  Number Street  City  Person's relations  Gifts with a total	details for ea al value of mo u Gave the Gift Stal	ore than \$600	Describe the gifts	th a total value of more th	Dates you gave the gifts	\alu\(\theta\)
No Yes. Fill in the c Gifts with a total per person  Figure Street  City  Person's relations  Gifts with a total pur person	details for ea al value of mo u Cave the Gift Stal ship to you	ore than \$600	Describe the gifts	th a total value of more th	Dates you gave the gifts	\alu\(\theta\)
No Yes. Fill in the c Gifts with a tota per person  For son to Whom You  Number Street  City  Person's relations  Gifts with a total	details for ea al value of mo u Cave the Gift Stal ship to you	ore than \$600	Describe the gifts	th a total value of more th	Dates you gave the gifts	Value  Value
No Yes. Fill in the c Gifts with a total per person  Figure Street  City  Person's relations  Gifts with a total pur person	details for ea al value of mo u Cave the Gift Stal ship to you	ore than \$600	Describe the gifts	th a total value of more th	Dates you gave the gifts	Value  Value
No Yes. Fill in the c Gifts with a total per person  Figure Street  City  Person's relations  Gifts with a total pur person	details for ea al value of mo u Cave the Gift Stal ship to you	ore than \$600	Describe the gifts	th a total value of more th	Dates you gave the gifts	Value  Value
No Yes. Fill in the c Gifts with a total per person  Figure Street  City  Person's relations  Gifts with a total pur person	details for ea al value of mo u Cave the Gift Stal ship to you	ore than \$600	Describe the gifts	th a total value of more th	Dates you gave the gifts	Value  Value
No Yes. Fill in the c Gifts with a total per person  Figure Street  City  Person's relations  Gifts with a total pur person	details for ea al value of mo u Cave the Gift Stal ship to you	ore than \$600	Describe the gifts	th a total value of more th	Dates you gave the gifts	Value  Value
No Yes, Fill in the of Gifts with a total per person  Fill son to Whom You  Number Street  City  Person's relations  Gifts with a total pur person	details for ea al value of mo u Cave the Gift Stal ship to you	ore than \$600	Describe the gifts	th a total value of more th	Dates you gave the gifts	Value  Value
No Yes, Fill in the of Gifts with a total per person  Fill son to Whom You  Number Street  City  Person's relations  Gifts with a total pur person	details for ea al value of mo u Gave the Gift Stal ship to you	ore than \$600	Describe the gifts	th a total value of more th	Dates you gave the gifts	Value  Value

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itor 1	KIMBERLY	ALLEYNE	HALE	Case number (diknown)		
	First Name Me	doke Name Last N	amé			
. With	in 2 years before y	ou filed for bankrupt	cy, did you give any gifts or	contributions with a total value	of more than \$60	0 to any charity?
Ø i	Чo					
<b>□</b> ,	Yes. Fill in the details	s for each gift or contri	ibution.			
	Gifts or contribution:	s to charities	Describe what you contributed	ı	Date you	Value
	that total more than				contributed	
		;				
7	Chanty's Name					\$
`	Citality 3 14011-0					¢
-						Ψ
	<u>.</u>					
ī	Milmber Street				i	
i	Ciry State	ZIP Code				
art 6	List Certain	Losses				
		<del></del>		<del> </del>		<del></del>
i, Witl	hin 1 year before yo	ou filed for bankrupte	cy or since you filed for bank	kruptcy, did you lose anything	because of theft, f	ire, other
	ster, or gambling?					
	No					
	Yes. Fill in the detail	s.				
	Describe the proper	ty you lost and	Describe any Insurance cove	rage for the loss	Date of your	Value of property
	how the loss occurr		Include the amount that insurar	nce has paid. List pending insurance	loes	lost
			claims on line 33 of Schedule A	VB: Property.		
						<b>\$</b>
					:	
			**** *		:	
a ( )	: List Certain I	Payments or Trans	sfers			
Hiva.	h <u> </u>			cting on your behalf pay or trai	sfer any property	to anyone
VOL	consulted about s	eeking bankruptcy o	r preparing a bankruptcy pe	rtition?		•
Incl	uco any attombys, b	ankruptcy petition pre	parers, or credit counseling ag	gencies for services required in y	our bankruptcy.	
Ø	No					
	Yes, Fall in the detail	ls.				
			Description and value of any	property transferred	Date payment or	Amount of paymen
	Person Who Was Paid				transfer was made	
	. 31117 10 17122 1 2-2					
	milier Sheat					\$
					:	
					:	\$
	City	State ZIP Code				
	i all or website addres	<u> </u>			!	
	Dorenn Who Made the F	Payment if Not You				

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	First Name	Middle Name	ALLEYNE Lest	HALE	Case number (#known)_		
•				— Bassadattan and antique ad an			
				Description and value of any	property transferred	Date payment or transfer was made	Amount of payment
;>	Person Who Was Pa	aid					5
 .4	umber Street						<u> </u>
							\$
	<u> </u>						
_			7.00				
C	Gry	State	ZIP Code				
E	mail or website add	ress				:	
12	Visco Who Made th	o Baumant if	(Not You			:	
	C SIGHT AND C MAGG (II	те г-ауплени, п	THOI FOO				
Νn	1		transfer that ye	ou listed on line 16.			
Ye	s. Fill in the de	tails.					
				Description and value of any	property transferred	Date payment or transfer was made	Amount of pay
þ	erson Who Was Pa	aud					
_							\$
ţ1	lumber Street						
ţ1	Jumber Street					·	\$
73		State re you file		tcy, did you sell, trade, or o	therwise transfer any property	to anyone, other tha	\$an property
than ns fa luda not No	n 2 years before or the	re you file rdinary co transfers a nd transfe	ed for bankrup ourse of your i	ousiness or financial affairs	granting of a security interest or r		
(han ns fa luda not No	n 2 years befor errod in the or e both outright t include gifts a	re you file rdinary co transfers a nd transfe	ed for bankrup ourse of your i	ousiness or financial affairs nade as security (such as the	.? granting of a security interest or r nent.	nortgage on your pro	perty).
Pinn ns fi ludë not No Ye	n 2 years befor errod in the or e both outright t include gifts a	re you file rdinary co transfers a nd transfe tails.	ed for bankrup ourse of your i	pusiness or financial affairs nade as security (such as the re already listed on this stater Description and value of pro transferred	.? granting of a security interest or nent.  perty Describe any property	nortgage on your pro	perty).  Date trans
him historia not No Ye	n 2 years before erred in the ore both outright tinclude gifts a cost. Fill in the decision who Receive	re you file rdinary co transfers a nd transfe tails.	ed for bankrup ourse of your i	pusiness or financial affairs nade as security (such as the re already listed on this stater Description and value of pro transferred	.? granting of a security interest or nent.  perty Describe any property	nortgage on your pro	perty).  Date trans
from nistration No Ye	n 2 years before erred in the ore both outright tinclude gifts a cost. Fill in the de	re you file rdinary co transfers a nd transfe tails.	ed for bankrup ourse of your i	pusiness or financial affairs nade as security (such as the re already listed on this stater Description and value of pro transferred	.? granting of a security interest or nent.  perty Describe any property	nortgage on your pro	perty).  Date trans
from nistration No Ye	n 2 years before erred in the ore both outright tinclude gifts a cost. Fill in the decision who Receive	re you file rdinary co transfers a nd transfe tails.	ed for bankrup ourse of your i	pusiness or financial affairs nade as security (such as the re already listed on this stater Description and value of pro transferred	.? granting of a security interest or nent.  perty Describe any property	nortgage on your pro	perty).  Date trans
Figure 1	n 2 years before erred in the ore both outright tinclude gifts a cost. Fill in the decision who Receive	re you file rdinary co transfers a nd transfe tails.	od for bankrup ourse of your i and transfers m ors that you have	pusiness or financial affairs nade as security (such as the re already listed on this stater Description and value of pro transferred	.? granting of a security interest or nent.  perty Describe any property	nortgage on your pro	perty).  Date trans
Figure 1 in the control of the contr	n 2 years beforerred in the ore both outright tinclude gifts a construction. Fill in the decrease when Street	re you file rdinary co transfers and transfer tails.	ed for bankrup ourse of your I and transfers m ors that you have	pusiness or financial affairs nade as security (such as the re already listed on this stater Description and value of pro transferred	.? granting of a security interest or nent.  perty Describe any property	nortgage on your pro	perty).  Date trans
Figure 15 To Table	n 2 years befor terred in the or e both outright t include gifts a cs. Fill in the de	re you file rdinary co transfers and transfer tails.	ed for bankrup ourse of your I and transfers m ors that you have	pusiness or financial affairs nade as security (such as the re already listed on this stater Description and value of pro transferred	.? granting of a security interest or nent.  perty Describe any property	nortgage on your pro	perty).  Date trans
Final Property of the Control of the	n 2 years before the ore both outright trinclude gifts a cost. Fill in the decision who Receive the Street	re you file rdinary co transfers a nd transfe tails.  d Transfer  State	ed for bankrup ourse of your I and transfers m ors that you have	pusiness or financial affairs nade as security (such as the re already listed on this stater Description and value of pro transferred	.? granting of a security interest or nent.  perty Describe any property	nortgage on your pro	perty).  Date trans
Figure 1 in the control of the contr	n 2 years beforerred in the ore both outright tinclude gifts a construction. Fill in the decrease when Street	re you file rdinary co transfers a nd transfe tails.  d Transfer  State	ed for bankrup ourse of your I and transfers m ors that you have	pusiness or financial affairs nade as security (such as the re already listed on this stater Description and value of pro transferred	.? granting of a security interest or nent.  perty Describe any property	nortgage on your pro	perty).  Date trans
Figure 1 in the control of the contr	n 2 years before the ore both outright trinclude gifts a cost. Fill in the decision who Receive the Street	re you file rdinary co transfers a nd transfe tails.  d Transfer  State	ed for bankrup ourse of your I and transfers m ors that you have	pusiness or financial affairs nade as security (such as the re already listed on this stater Description and value of pro transferred	.? granting of a security interest or nent.  perty Describe any property	nortgage on your pro	perty).  Date trans
Fig. 15 and 15 a	n 2 years before the ore both outright trinclude gifts a cost. Fill in the decision Who Receive the Street.	re you file rdinary co transfers a nd transfe tails.  d Transfer  State hip to you	ed for bankrup ourse of your I and transfers m ors that you have	pusiness or financial affairs nade as security (such as the re already listed on this stater Description and value of pro transferred	.? granting of a security interest or nent.  perty Describe any property	nortgage on your pro	perty).  Date trans
Figure 1 To 1 T	n 2 years before the original trinclude gifts a constitution of the original trinclude gifts and original trinclude gifts are gifts and original trinclude gifts and original trinclude gifts and original trinclude gifts and original trinclude gifts and	re you file rdinary co transfers a nd transfe tails.  d Transfer  State hip to you	ed for bankrup ourse of your I and transfers m ors that you have	pusiness or financial affairs nade as security (such as the re already listed on this stater Description and value of pro transferred	.? granting of a security interest or nent.  perty Describe any property	nortgage on your pro	perty).  Date trans

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area ⊠ No		Name Last N	HALE	Case number of ke	own)	<del></del>
area ⊠ No						
<b>⊠</b> No			ptcy, did you transfer any proper	ty to a self-settled true	st or similar device of w	vhich you
	, ,	are often called as	sset-protection devices.)			
U Yc	-					
	es. Fill in the details.					
			Description and value of the prope	rty transferred		Date transfer
						was made
RI a	arne of trust					
140	mile of trust		•			
<b>117</b> %	list Contain Floor		Instruments Cofe Descrit	Hover and Stores		
			, Instruments, Safe Deposit			
		•	cy, were any financial accounts o	r instruments held in	your name, or for your	benefit,
	d, sold, moved, or tra					
			or other financial accounts; certi atives, associations, and other fir	•	ares in banks, credit un	ions,
Z N:		n tunas, coopera	itives, associations, and other fir	iançiai institutions.		
	os. Fill in the details.					
_ (1	rs. Fill III tile details.					
			Last 4 digits of account number	Type of account or Instrument	Date account was closed, sold, moved, or transferred	Last balance befo closing or transfe
÷1	In a of Financial Institution		xxxx-	☐ Checking		
				Savings		*
٠.	anter Street			☐ Money market		
-				Brokerage		
	.ry Si	tate ZIP Code				
	.,	2,, 5540		☐ Other		
			xxxx	Checking		
N	one of Financial Institution		^^^~	Savings		<b>*</b>
				☐ Money market		
	per Stepet			Brokerage		
-				Other		
-						
<del>-</del>	St. St	tale ZIP Code		Caler		

	KIMBERLY Fost Name Middle Na	ALLEYNE Last NA	HALE	Case	number (J known)	
2. Have		a storage unit o	r place other than your home	within 1 year	before you filed for bankrup	rtcy?
□ Y	es, Fill in the details.		Who else has or had access to	it?	Describe the contents	Do you still have it?
	Name of Storage Facility		Name			☐ No ☐ Yes
	Number Street		Number Street			
			CityState ZIP Code			
Part 9	Identify Propert		Control for Someone El	5 <del>0</del>		
	old in trust for someone		meone else owns? Include a	ny property yo	u borrowed from, are storin	g for,
_	Yes. Fill in the details.		Where is the property?		Describe the property	Value
	Ozner's Name					\$
	her Street		Number Street			
		7004	City State	ZIP Code		
art 1	Sta Give Details Ab	te ZIP Code	City State	ZIP Code		:
or the Env haza incli	purpose of Part 10, the ironmental law means a melaus or toxic substantions g statutes or regular	following definitions following definitions controlling	ental Information tions apply: , or local statute or regulatio material into the air, land, so g the cleanup of these subst	n concerning il, surface wate ances, wastes,		edium,
or the Env haza incli Site	Give Details Ab purpose of Part 10, the ironmental law means a refuse or toxic substant or g statutes or regula means any location, fac or used to own, ope	following definitions following definitions federal, state ces, wastes, or ritions controlling cility, or property erate, or utilize it	ental Information  tions apply: , or local statute or regulation material into the air, land, so the cleanup of these subst y as defined under any envirit, including disposal sites.	on concerning   il, surface wate ances, wastes, connental law,	er, groundwater, or other me or material. whether you now own, open	edium, ate, or
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ZIP Code

State

	ALLEYNE	HALE	Case number (if known)	
	overnmental unit of	any release of hazardous r	material?	
No				
Yes. Fill in the detai	ils.			
		Governmental unit	Environmental law, if you know it	Date of notice
				•
Name of site		Governmental unit		<b></b> -
Number Street		Number Street	<del></del>	
		City State ZIP C	ode	
		<b>4,</b>		
' Iy	State ZIP Code			
ive vou been a party i	n any judicial or adr	ministrative proceeding und	der any environmental law? Include settlemen	ts and orders.
No	<b>, ,</b>	<b>,</b>	•	
i No I Yes, Fill in the detai	ile			
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		Court or agency	Mature of the case	case
Case title				Pending
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# Case 6:19-bk-07491-KSJ Doc 1 Filed 11/14/19 Page 49 of 60

	K'MBERLY	ALLEYNE	HALE	Case number (# known)
	11.45 198	COST LOSE	(an)e	
			Describe the nature of the busi	ness Employer identification number  Do not include Social Security number or ITIN.
	from So Name			EIN:
	t r Street		Name of accountant or bookke	eper Dates business existed
		State ZIP Code		From To
. With		ou filed for bankrup or other parties.	tcy, did you give a financial st	atement to anyone about your business? Include all financial
<b>⊠</b> №		ils helow		
			Date issued	
	: .		MM / DD / YYYY	
	Street			
		State ZIP Code		
ап	ig <b>n Below</b>			
in . 18	Frue and ( ) with a b § 152, 1341	correct. I understand	d that making a false statemen	ttachments, and I declare under penalty of perjury that the it, concealing property, or obtaining money or property by fraud or Imprisonment for up to 20 years, or both.
	(~11)			
×		σl()	<b>×</b> 1	
*	in three of Debtor 1	all	Signature of D	ebtor 2
*	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	<b>a</b> (Q		
<b>X</b>	113/2019	-	Signature of D	
	113/2019	-	Signature of D	
	1113/2019 136h additio	- nal pages to Yo <i>ur</i> \$	Signature of D	 or Individuals Filing for Bankruptcy (Official Form 107)?

J	Ill in this information to identify your case:			only as directed in this form and in
D	ebtor 1 KIMBERLY ALLEYNE HALE First Name Middle Name Last Name		Form 122A-1Sup	<u>.</u>
	obtor 2		_	presumption of abuse.
	Obuse, if filing) First Name Middle Name Last Name  ited States Bankruptcy Court for the: Middle District of Florida		abuse applic	tion to determine if a presumption of es will be made under <i>Chapter 7</i> * <i>Calculation</i> (Official Form 122A–2).
	ise numberknown)			Test does not apply now because of itary service but it could apply later.
			☐ Check if this	is an amended filing
Of	ficial Form 122A-1			
Ç	napter 7 Statement of Your Current Mont	hly	y Income	12/15
spa add do i	es complete and accurate as possible. If two married people are filing together, botoe is needed, attach a separate sheet to this form. Include the line number to whici itional pages, write your name and case number (if known). If you believe that you not have primarily consumer debts or because of qualifying military service, comprise Under § 707(b)(2) (Official Form 122A-1Supp) with this form.  Calculate Your Current Monthly Income	h the	additional information	mation applies. On the top of any presumption of abuse because you
1.	What is your marital and filing status? Check one only.		<u> </u>	
i ''	☑ Not married. Fill out Column A, lines 2-11.			
	☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines	2-11		
	Married and your spouse is NOT filing with you. You and your spouse are:			
	Living in the same household and are not legally separated. Fill out both C	Calur	nns A and B, lines	2-11.
	Living separately or are legally separated. Fill out Column A, lines 2-11; do under penalty of perjury that you and your spouse are legally separated under spouse are living apart for reasons that do not include evading the Means Test	nont	pankruptcy law tha	it applies or that you and your
	Fill in the average monthly income that you received from all sources, derived dubankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 1 August 31. If the amount of your monthly income varied during the 6 months, add the in Fill in the result. Do not include any income amount more than once. For example, if bo income from that property in one column only. If you have nothing to report for any line,	15, Un ncom oth sp	e 6-month period to e for all 6 months a couses own the sa	would be March 1 through and divide the total by 6.
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).		\$ <u>0.0</u> 0	\$
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.		\$0.00	\$
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.		\$0.00	\$
5.	Net income from operating a business, profession, Debtor 1 Debtor 2			
	or farm Gross receipts (before all deductions)  \$\$			
	Ordinary and necessary operating expenses - \$ \$			
	Net monthly income from a business, profession, or farm \$ 0.00 \$ here	<b>y</b> →	\$0.00	\$
6.	Net income from rental and other real property  Gross receipts (before all deductions)  Debtor 1  S			
	Costinary and necessary operating expenses -\$ _\$	v		
	here	→	\$0.00	\$
7.	Interest, dividends, and royalties		\$0.00	\$

Debtor 1	KIMBERLY First Name Middle Na	ALLEYNE Last Name	HALE_	Case number (d known)_		
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8. Und	mployment compensation	on		\$0.00	\$	
1	not enter the amount if you					
1	er the Social Security Act.					
ļ.	or your spouse					
i	- ,		imount received that was a			
	efit under the Social Secu		illicont received that was a	\$0.00	\$	
Do i as a	not include any benefits re a victim of a war crime, a c	ceived under the Social rime against humanity.	pecify the source and amour Security Act or payments re or international or domestic te page and put the total bel	ceived		
_				\$ <u>0.0</u> 0	\$	
_				\$ <u>0,0</u> 0	\$	
Τo	tal amounts from separate	pages, if any.		+ \$0.00	+ \$	
44.0-4			San O there and 40 feet and			
	inn. Then add the total for		lines 2 through 10 for each or Column B.	s 0.00	+  \$	= s 347.00
						Total current monthly income
Part	Dotermine Whether	er the Means Test A	Applies to You			
	ulate your current mont		•		<del></del>	
<b>1</b> 2a.	Copy your total current	monthly income from lin	e 11	Co	py line 11 here→	\$ <u>347.00</u>
	Multiply by 12 (the num	ber of months in a year)				x 12
12b.	The result is your annua	al income for this part of	the form.		12b.	\$ <u>4.164.0</u> 0
13. Cale	culate the median family	income that applies to	you. Follow these steps:			
Filli	n the state in which you liv	ve.	FL			
140	n the number of people in	your household.	1		_	
Fill i	n the median family incom	e for your state and size	e of household		13.	\$ 49,172.00
			o online using the link specif le at the bankruptcy clerk's o			
14. How	do the lines compare?					
14 <b>a</b> .	Line 12b is less than Go to Part 3.	or equal to fine 13. On t	he top of page 1, check box	1, There is no presumption	of abuse.	
14b.	Line 12b is more than Go to Part 3 and fill of		page 1, check box 2, The pre	sumption of abuse is deter	mined by Form 122A-	<b>2</b> .
	Sign Below					
	By signing here, I decl	are under penalty of pe	rjury that the information on	his statement and in any a	ttachments is true and	correct.
	× LSA	Hole	;	c		
	Signature of Debter 1			Signature of Debtor 2		
	Date // /3 2	019		Dota		
	MM / DD /Y	YYY		Date MM / DD /YYYY	_	
	If you checked line	· 14a, do NOT fill out or l	file Form 122A–2			
	•		-2 and file it with this form.			
	you oriented fine		Id me it faith the fermi.			

Fill in this in	formation to iden	tify your case:	
Debtor 1	KIMBERLY First Name	ALLEYNE Midd.e Name	HALE Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States I	Bankruptcy Court for I	the: Middle District of Flo	rida
Case number			

Check the appropriate box as directed in lines 40 or 42:
According to the calculations required by this Statement:
☐ 1. There is no presumption of abuse.
2. There is a presumption of abuse.
☐ Check if this is an amended filing

#### Official Form 122A-2

#### **Chapter 7 Means Test Calculation**

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible, if two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

P	art 1:	Determine Your Adjusted Income	
1.	Сору у	our total current monthly income.	Copy line 11 from Official Form 122A-1 here →
2.	Did yo	u fill out Column B in Part 1 of Form 122A–1?	
	2 No	Fill in \$0 for the total on line 3.	
	☐ Yes	s. Is your spouse filing with you?	
	Ø	No. Go to line 3.	
		Yes. Fill in \$0 for the total on line 3.	
3.	Adjust house	your current monthly income by subtracting any part of your sp hold expenses of you or your dependents. Follow these steps:	ouse's income not used to pay for the
		11. Column B of Form 122A–1, was any amount of the income you r ly used for the household expenses of you or your dependents?	eported for your spouse NOT
	<b>☑</b> No.	Fill in 0 for the total on line 3.	
	☐ Yes	s, Fill in the information below:	
	F	State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents	Fill in the amount you are subtracting from your spouse's income
	_		\$
	_		\$
	-		+ 3
	т	otal	\$ Copy total here → -\$
4.	Adjust	your current monthly income. Subtract the total on line 3 from line	1. <u>\$</u> 0

Debtor	1	KIMBERLY	ALLEYNE	HALE	_	Cas	e number of so	na wn)		
		First Name	Middle Name Les	i Name						
Part 2	2:	Calculate Yo	our Deductions fro	om Your Income						
				<u></u>						
The	Inter	nal Revenue Se	rvice (IRS) issues N	ational and Local Stand	dards f	or certain expe	ense amour	nts. Use th	ese amounts to	
				he IRS standards, go or lable at the bankruptcy			pecified in t	the separa	te instructions to	or
		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on may 2100 24 4741		*					
				15 regardless of your act						
				dards. Do not deduct any you subtracted from inco					ise's income in lin	ie 3
and	do no	or depart any opi	eraung expenses mat	you subtracted from more	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· oitti iLD t	••		
If yo	ur ex	penses differ from	n month to month, en	ter the average expense						
Whe	neve	r this part of the	form refers to you, it r	means both you and your	spous:	e if Column B o	f Form 122A	\_1 is filled	in.	
		<b>, F</b>	, ,	, ,	·					
	The		do usad is dotormin	Ing your deductions fro	m inc	<b>181</b> 0				
Э.		, ,		claimed as exemptions of			tav return			-1
	plus	the number of a	ny additional depende	ents whom you support. T	his nur	nber may be di	fferent from		1	
	the n	number of people	in your household.						<u> </u>	_
Na	tiona	il Standards	You must use the I	RS National Standards to	answe	er the questions	i in lines 6-7			
6.			other items: Using the food, clothing, and	he number of people you other items	entere	d in line 5 and I	the IRS Nati	onal Standa	ards, fill	<sub>\$</sub> 1288
	III LIII	e dollar amount	pi lood, clotting, and	outer items.						
7.				sing the number of peopl						
				ealth care. The number o -because older people h						
				imount, you may deduct					•	
	Peo	ple who are und	ler 65 years of age							
	7a.	Out-of-packet h	ealth care allowance (	per person	52					
				Ψ						
	7b.	Number of peop	le who are under 65	4						
				x <u>1</u>						
	7c.	Subtotal Multin	aly line 7a by line 7b.	\$	52	Copy here	\$	52		
	, .	Subtoean Words	ny mie ra by mie rb.	*		Copy Here	<u> </u>			
	Pec	opie who are 65	years of age or olde	ər						
	7d.	Out-of-pocket h	ealth care allowance (	per person \$	0					
				· · · · · · · · · · · · · · · · · · ·	-					
	7∌.	Number of peop	ile who are 65 or olde	x						
	71	Cubtatal Multir	sly line 7d by line 70	¢	0	Copy here→		_		
	7f.	Supromi. Multip	ily line 7d by line 7e.	.⊅		Copy nere	+ \$	0		
									1	[]
	7g.	Total. Add lines	7c and 7f				\$	52	Copy total here	s 52
									]	

## Case 6:19-bk-07491-KSJ Doc 1 Filed 11/14/19 Page 54 of 60

	KIMBERLY	ALL	_EYNE	HALE	Case number (#known)	
	First Name	Middle Name	Last Name			
Local	Standards	You must use	the IRS Local Stan	dards to answer the que	estions in lines 8-15.	
				Program has divided t	he IRS Local Standard for h	nousing for
	uptcy purposes	•	ம். ;e and operating ex	YDANSAS		
	•		e or rent expenses			
	•			ustee Program chart.	W 1. 6	
To fin This c	d the chart, go on hart may also be	line using the available at th	link specified in the ne bankruptcy clerk's	separate instructions fo s office.	r this form.	
8. He	ousing and utiliti llar amount listed	es – Insurand for your coun	ce and operating early for insurance and	xpenses: Using the nur I operating expenses	mber of people you entered in	s 1739.00
9. <b>H</b> e	ousing and utiliti	es – Mortgag	je or rent expenses	<b>3</b> :		
98				, fill in the dollar amount		
91	. Total averege m	onthly payme	nt for all mortgages	and other debts secure	d by your h <b>ome</b> .	
	To calculate the contractually dubankruptcy. The	e to each seci	ured creditor in the 6	add all amounts that are 60 months after you file	for	
	Name of the cre	editor		Average payment		
				\$		
				\$		
				+ \$		
			average monthly pa	lyment \$	0 Copy −\$_	O Repeat this amount on line 33a.
		Total				
9r	Net mortoage (		se.	L		
90	Subtract line 9	or rent expens	ge monthiv payment	t) from line 9a ( <i>mortgage</i> ter \$0	∍ or \$	O copy \$ 0
10. lf	Subtract line 9 rent expense).	or rent expens to (total average If this amount the U.S. Truste	ge monthly payment I is less than \$0, ent ee Program's divisi	ter \$0	andard for housing is incor	here →
10. lf th E	Subtract line 9 rent expense).  you claim that the calculation of your	or rent expens b ( <i>total averag</i> If this amount e U.S. Truste your monthly	ge monthly payment I is less than \$0, ent see Program's divis y expenses, fill in a	ion of the IRS Local St	andard for housing is incor	nere→
10. lf th E	Subtract line 9 rent expense).  you claim that the calculation of y	or rent expens b ( <i>total averag</i> If this amount e U.S. Truste your monthly	ge monthly payment I is less than \$0, ent see Program's divis y expenses, fill in a	ion of the IRS Local St	andard for housing is incor	nere→
10. lf th E w	Subtract line 9 rent expense).  you claim that the calculation of yellain hy:	or rent expense b (total average If this amount e U.S. Truste your monthly	ge monthly payment I is less than \$0, ent ee Program's divis y expenses, fill in a	ion of the IRS Local St any additional amount	andard for housing is incor	rrect and affects s 0
10. lf th E w	Subtract line 9 rent expense).  you claim that the calculation of your property of your property of the calculation of your property of yo	or rent expense b (total average if this amount e U.S. Truste your monthly	ge monthly payment I is less than \$0, ent ee Program's divis y expenses, fill in a	ion of the IRS Local St any additional amount	andard for housing is incor	rrect and affects s 0
10. If th E w	Subtract line 9 rent expense).  you claim that the calculation of your property of your property of the calculation of your property of yo	or rent expense to (total average of this amount of	ge monthly payment I is less than \$0, ent ee Program's divis y expenses, fill in a	ion of the IRS Local St any additional amount	andard for housing is incor	rrect and affects S 0

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Case number (# known)

HALE

**ALLEYNE** 

KIMBERLY

Debtor 1

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Describe Vehicle 1: Vehicle 1 13a. Ownership or leasing costs using IRS Local Standard. ..... 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment Repeat this Conv amount on Total average monthly payment here → line 33b. Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 expense Subtract line 13b from line 13a, If this amount is less than \$0, enter \$0, ..... 0 here Describe Vehicle 2: Vehicle 2 13d. Ownership or leasing costs using IRS Local Standard. ..... 13e. Averege monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Repeat this Copy amount on Total average monthly payment line 33c. Copy net 13f. Net Vehicle 2 ownership or lease expense Vehicle 2 0 expense Subtract line 13e from 13d. If this amount is less than \$0, enter \$0...... 0 here ... 🗲 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 178.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1	KIMBERLY	ALLEYNE	HALE	Case number (if known)	<u></u> .
	First Name Middle f	lame Last Ne.~e			
Oth	er Necessary Expenses	in addition to the expet the following IRS cate	ense deductions listed ab gories.	ove, you are allowed your monthly expenses for	
	employment taxes, Social pay for these taxes. Howe	Security taxes, and Medic	care taxes. You may inclu ve a tax refund, you must	and local taxes, such as income taxes, self- ide the monthly amount withheld from your divide the expected refund by 12 and taxes.	sO
	Do not include real estate	, sales, or use taxes.			
17.	Involuntary deductions: union dues, and uniform o	The total monthly payroll	deductions that your job	requires, such as retirement contributions,	
	Do not include amounts th	nat are not required by you	ır job, such as voluntary	401(k) contributions or payroll savings.	\$O
	together include navment	is that you make for your :	spouse's term life insurari	life insurance. If two married people are filing ice. Do not include premiums for life any form of life insurance other than term.	\$ <u> </u>
19.	Court-ordered payments	s: The total monthly amou	nt that you pay as require	ed by the order of a court or administrative	
	agency, such as spousal of	or child support payments			s0
	Do not include payments	on past due obligations to	r spousal or child suppor	l. You will list these obligations in line 35.	
20.	Education: The total mor	othly amount that you pay	for education that is either	er required:	
	<ul><li>as a condition for your j</li></ul>				s 0
	■ for your physically or m	entally challenged depend	dent child if no public edu	cation is available for similar services.	<u> </u>
21	Childcare: The total mon	thiy amount that you pay t	for childcare, such as bab	ysitting, daycare, nursery, and preschool.	e 0
		for any elementary or sec			so
	is required for the health a health savings account. In	xpenses, excluding insu and welfare of you or your nolude only the amount th ance or health savings ac	dependents and that is r at is more than the total e	ly amount that you pay for health care that not reimbursed by insurance or paid by a intered in line 7. nly in line 25.	sO
	you and your dependents service, to the extent nec- is not reimbursed by your	, such as pagers, call wai essary for your health and employer.	ting, caller identification, : I welfare or that of your d	nat you pay for telecommunication services for special long distance, or business cell phone ependents or for the production of income, if it	+ \$0
	Do not include payments expenses, such as those	for basic home telephone reported on line 5 of Offic	, internet and cell phone : ial Form 122A-1, or any a	service. Do not include self-employment amount you previously deducted.	
24.	Add all of the expenses Add lines 6 through 23.	allowed under the IRS of	expense allowances.		\$ <u>325</u> 7.
	<b>3</b>				

#### Case 6:19-bk-07491-KSJ Doc 1 Filed 11/14/19 Page 57 of 60

HALE

**ALLEYNE** 

**KIMBERLY** 

Case number (if known)\_ Debtor 1 These are additional deductions allowed by the Means Test. **Additional Expense Deductions** Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents Health insurance Disability insurance Health savings account 0 Copy total here Total Do you actually spend this total amount? ■ No. How much do you actually spend? ☐ Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. 0 You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public 0 elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. \* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment. 0 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 0 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization, 26 U.S.C. § 170(c)(1)-(2). 0 32. Add all of the additional expense deductions. Add lines 25 through 31.

Debtor 1

KIMBERLY	ALLEYNE
KINDEKLI	ALLETINE

HALE

Case number (# אחסואיה)\_

Deductio	ns for Debt Payment								
33. For de	obts that are secured by an inter and other secured debt, fill in li	est in property that y ines 33a through 33e	ou own, inclu	uding home	mortgages, ve	hicle			
To cal	culate the total average monthly por in the 60 months after you file fo	ayment, add all amoun	nts that are cor	ntractually du	e to each secu	red			
					Average payment				
	Mortgages on your home:			_	<b>▶</b> \$	0			
33a.	Copy line 9b here			7	<u> </u>				
	Loans on your first two vehicle	s:							
33b.	Copy line 13b here				\$	0			
33c.	Copy line 13e here				\$	0			
	List other secured debts:								
	Name of each creditor for other secured debt	identify propert secures the deb		Does payme include taxe or insurance	*8				
				□ No					
	<u> </u>			☐ Yes	\$				
				□ No	•				
				☐ Yes	Ф <u> —</u>				
				☐ No	+ \$				
				☐ No ☐ Yes	+ \$		ı		
33e. To	otal average monthly payment. Add		d	☐ Yes		00	Copy total	\$	00
34. Are ar or oth ☑ No		d lines 33a through 33d 3 secured by your pri support or the support st pay to a creditor, in a	imary resider ort of your de addition to the	Yes  ace, a vehicle pendents?	\$	00		\$	00
34. Are ar or oth ☑ No	otal average monthly payment. Adding debts that you listed in tine 3: ner property necessary for your b. Go to line 35.  es. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the Name of the creditor	d lines 33a through 33d 3 secured by your pri support or the support st pay to a creditor, in a	imary resider ort of your de addition to the	Yes  nce, a vehicle pendents?  payments a amount).	\$	y cure		\$	00
34. Are ar or oth ☑ No	otal average monthly payment. Adding debts that you listed in tine 3: ner property necessary for your b. Go to line 35.  es. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the Name of the creditor	d lines 33a through 33d 3 secured by your pri support or the support of pay to a creditor, in a ssion of your property ( a information below. dentify property that	imary resider ort of your de addition to the called the curr Total cure	Yes  nce, a vehicle pendents?  payments a amount).	e, Monthl amoun	y cure		\$	00
34. Are ar or oth ☑ No	otal average monthly payment. Adding debts that you listed in tine 3: ner property necessary for your b. Go to line 35.  es. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the Name of the creditor	d lines 33a through 33d 3 secured by your pri support or the support of pay to a creditor, in a ssion of your property ( a information below. dentify property that	imary resider ort of your de addition to the called the curr Total cure	Yes  ace, a vehicle pendents?  payments a amount).  ÷ 60 =	SS Monthli amoun	y cure		\$	00
34. Are ar or oth ☑ No	otal average monthly payment. Adding debts that you listed in tine 3: ner property necessary for your b. Go to line 35.  es. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the Name of the creditor	d lines 33a through 33d 3 secured by your pri support or the support of pay to a creditor, in a ssion of your property ( a information below. dentify property that	imary resider ort of your de addition to the called the curr Total cure	Yes  ace, a vehicle pendents?  payments a amount).  ÷ 60 =  + 60 =	Monthlamoun  S  S  S  S  S  S  S  S  S  S  S  S  S	y cure		\$	00
34. Are ar or oth ☑ No	otal average monthly payment. Adding debts that you listed in tine 3: ner property necessary for your b. Go to line 35.  es. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the Name of the creditor	d lines 33a through 33d 3 secured by your pri support or the support of pay to a creditor, in a ssion of your property ( a information below. dentify property that	imary resider ort of your de addition to the called the curr Total cure	Yes  ace, a vehicle pendents?  payments a amount).  ÷ 60 =	Monthlamoun  S  S  S  S  S  S  S  S  S  S  S  S  S	y cure	here →	\$	00
34. Are ar or oth ☑ No	otal average monthly payment. Adding debts that you listed in tine 3: ner property necessary for your b. Go to line 35.  es. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the Name of the creditor	d lines 33a through 33d 3 secured by your pri support or the support of pay to a creditor, in a ssion of your property ( a information below. dentify property that	imary resider ort of your de addition to the called the curr Total cure	Yes  ace, a vehicle pendents?  payments a amount).  ÷ 60 =  + 60 =	Monthlamoun  S  S  S  S  S  S  S  S  S  S  S  S  S	y cure		\$\$	
34. Are are or other	otal average monthly payment. Adding debts that you listed in line 3: her property necessary for your one. Go to line 35. her sees. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the Name of the creditor of the creditor of the creditor. It is not seen any priority claims such the past due as of the filling date of the country of the creditor. Go to line 36.	as a priority tax, child	imary resider ort of your de addition to the (called the cur- amount  \$	Yes  ace, a vehicle pendents?  payments a amount).  + 60 = + 60 =  Total  atimony — C. § 507.	Monthlamoun  S  S  S  S  S  S  S  S  S  S  S  S  S	y cure t	Copy total	\$\$	
34. Are are or other	otal average monthly payment. Additionally debts that you listed in tine 3: the property necessary for your one. Go to line 35.  It is set any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the Name of the creditor in the Name of the creditor in the set of the creditor in the creditor in the set of the creditor in the creditor i	as a priority tax, chilled your bankruptcy of these priority claims. Continued these priority claims. Continued these priority claims.	imary resider ort of your de addition to the called the current amount \$	Yes  ace, a vehicle pendents?  payments a amount).  + 60 = + 60 = Total  atimony — C. § 507.  current or	\$	y cure t	Copy total	\$\$	0

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KIMBERLY ALLEYNE HALE

btor 1	KIMBERLY	ALLEYNE	HALE	Cas	e number (// kno	vn)		
	Firşi Name Middle N	Name Last Name						
Fe	or more information, go	a case under Chapter 137 11 online using the link for Bankri Bankruptcy Basics may also b	uptcy Basics specific	ed in the sep	arate rk's office.			 
_	Na. Go to line 37.							
	Yes. Fill in the followin	g information.						
	Projected month	lly plan payment if you were filin	ig under Chapter 13	}	\$		_	
	Current multiplie	er for your district as stated on the office of the United States Court or by the Executive Office for U	ne list issued by the s (for districts in Ala	bama and	×			
	link specified in I	district multipliers that includes y the separate instructions for this bankruptcy clerk's office.	rour district, go onlin s form. This list may	ne using the also be	<del>-</del>			
	Average monthly	y administrative expense if you	were filing under Ch	napter 13	\$		Copy total here→	\$ 
37. <b>Ad</b> d Add	d all of the deduction: d lines 33e through 36.	s for debt payment.					<b></b>	\$ 0
Total I	Deductions from inco	me						
38. <b>Ad</b> (	d all of the allowed de	eductions.						
Сор өх <b>р</b> і	oy line 24, All of the exp ense allowances	enses allowed under IRS	\$3257	00				
Cop	by line 32, All of the add	ditional expense deductions	\$	0				
Сор	by line 37, All of the dec	ductions for debt payment	+\$	0				
		Total deductions	\$ 3257	7.00	Copy total he	re	→	\$ 3257
Part :	3: Determine Wh	ether There is a Presump	tion of Abuse					 
39. Ca	iculate monthly dispo	sable income for 60 months						
398	a. Copy line 4, adjuste	ed current monthly income	\$	0				
391	b. Copy line 38, Total	deductions	- \$3257	7.00				
394	c. Monthly disposable Subtract line 39b fro	income. 11 U.S.C. § 707(b)(2) om line 39a.	\$		Copy here <del>→</del>	\$		
	For the next 60 mg	onths (5 years)			<b>.</b>	× 60		 
39	d. Total. Multiply line	39c by 60			,	\$	O Copy	\$
40. Fir	nd out whether there i	s a presumption of abuse. Ch	neck the box that ap	plies:				
		is a presumption of abuse. Ch			ere is no pre	sumption of	abuse. Go to	
	The line 39d is less to Part 5.		e 1 of this form, che eage 1 of this form, c	eck box 1, <i>Th</i>				
0	The line 39d is less to Part 5.  The line 39d is more may fill out Part 4 if yo	than \$8,175*. On the top of pag	e 1 of this form, che eage 1 of this form, o Then go to Part 5.	eck box 1, <i>Th</i> check box 2,				

## Case 6:19-bk-07491-KSJ Doc 1 Filed 11/14/19 Page 60 of 60

Debtor 1	KIMBERLY	ALLEYNE	HALE	Case number (# known)
	First Name Middl	le Name Lasi Name		
41. 41a.	Summary of Your A	of your total nonpriority u Assets and Liabilities and Ce Sum), you may refer to line 3	ertain Statistical Informat	tion Schedules
				x .25
<b>41</b> b		nonpriority unsecured de y 0.25		
is er		income you have left over of your unsecured, nonprides:		Nowed deductions
	Line <b>39d is less tha</b> Go to Part 5.	n line 41b. On the top of pa	ge 1 of this form, check	box 1, There is no presumption of abuse.
	Line 39d is equal to of abuse. You may fi	oor more than line 41b. On Il out Part 4 if you claim spec	the top of page 1 of this cial circumstances. Then	s form, check box 2, <i>There is a presumption</i> a go to Part 5.
Part 4:	Give Details Al	bout Special Circumsta	nces	
43. <b>Do vo</b> u	have any special C	ircumstances that justity a	dditional expenses or	adjustments of current monthly income for which there is no
		I U.S.C. § 707(b)(2)(B).	•	
☑ No.	Go to Part 5.			
☐ Yes	Fill in the following for each item. You	information. All figures shou may include expenses you li	id reflect your average misted in line 25.	nonthly expense or income adjustment
	You must give a de adjustments neces: expenses or incom	sary and reasonable. You m	cial circumstances that i ust also give your case t	make the expenses or income trustee documentation of your actual
	Give a detailed exp	lanation of the special circums	utances	Average monthly expense or income adjustment
		<del></del>	<del> </del>	\$
	<del></del>	<u> </u>		s
				s
				•
		···		<b></b>
Part 5:	Sign Below			
	By signing here, I d	eclare under penalty of perju	ry that the information o	on this statement and in any attachments is true and correct.
		١٨ .	4.	•
	× Dobby	Male	<u></u>	Signature of Debtor 2
	Signature of Debto			and the second of the second o
	Date [ ( / 3 )	<del>301</del> 2		Date MM / DD / YYYY